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ABSTRACT

This workbook for kinship care providers is designed to be used with a comprehensive 6-module, 9-session curriculum, providing caregivers with 27 hours of information and support related to kinship care. Sessions are designed to facilitate interaction and the sharing of experiences and support among participants. Meetings utilize a task-based strengths-oriented approach to learning whereby participant each develop a comprehensive individualized action plan for accessing needed resources and meeting identified family needs. The carebook is organized in 10 parts, the first 9 corresponding to the meeting topics: (1) introduction: a tradition of caring, introducing participants to the program and to one another and including an individualized assessment; (2) understanding the child welfare system; (3) supporting healthy development and managing loss; (4) identifying and meeting special needs for children who have been separated from their parents and might have experienced trauma and loss; (5) providing guidance and discipline; (6) maintaining family connections; (7) connecting children to safe, nurturing, lifelong relationships; (8) the kinship experience: family change; (9) finding and using resources to meet the caregivers' and children's needs; and (10) tips for promoting safety, permanence, and well-being. For each module, the following information is provided: (1) goals and objectives for participants; (2) meeting agenda; and (3) self-assessment forms, action plan forms, and other materials used in the meetings. The workbook concludes with a list of resources for kinship caregivers and a 27-item annotated bibliography. (KB)

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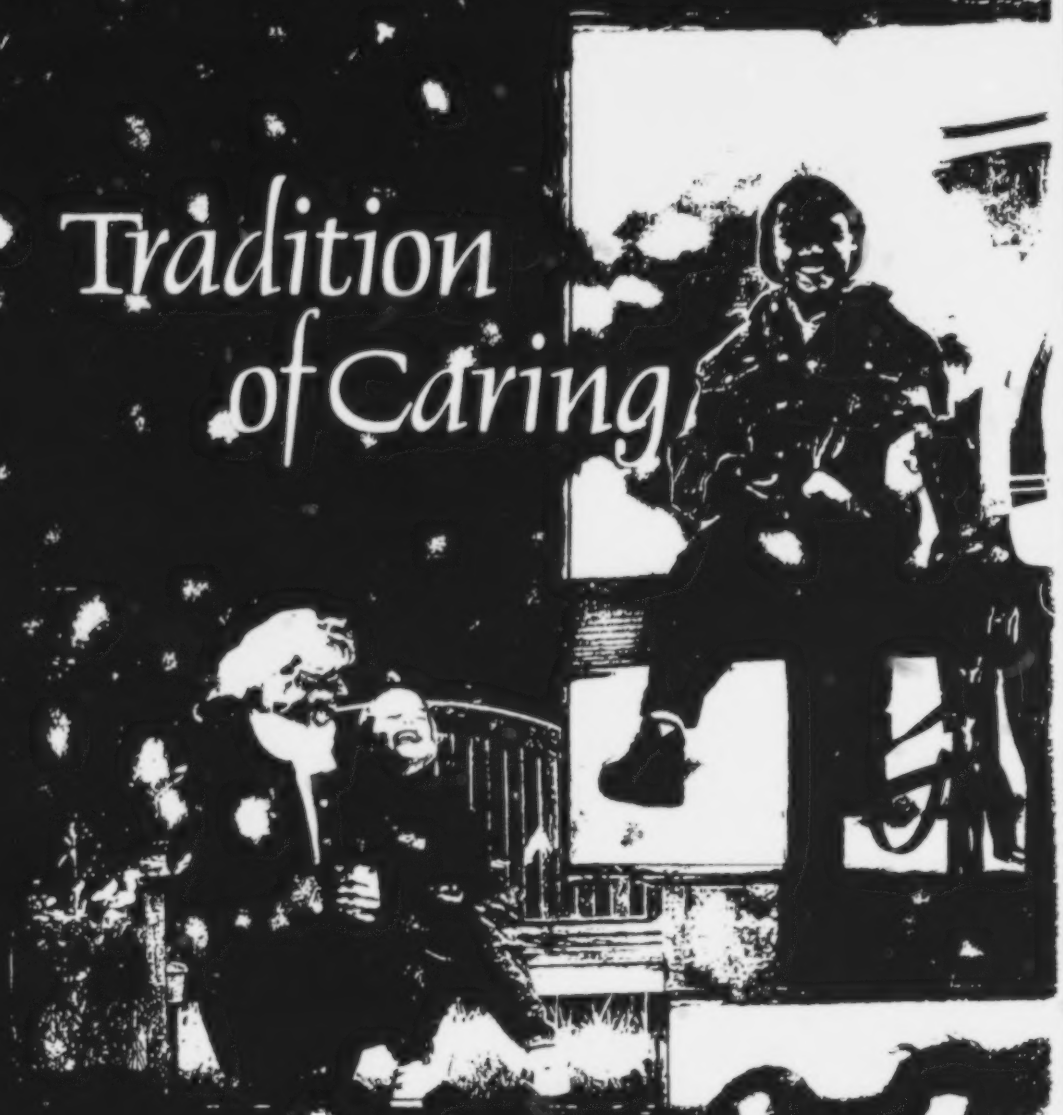
Tradition of Caring



Information, Resources, and Support for Kinship Families

PS 031285

CAREBOOK

CWLA Press

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CAREBOOK

A Tradition of Caring

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A Tradition of Caring

Information, Resources, and Support for Kinship Families

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Meeting One: Introduction

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A Tradition of Caring

Introductory Meeting

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Resource 1

Facilitator Worksheet

Family Name: _____
Training Dates: _____ through _____
FDS Name: _____
Facilitator Name: _____

Outcome 1: Protecting and nurturing

Comments:

Outcome 2: Meeting developmental needs

Comments:

Outcome 3: Supporting relationships between children and their families

Comments:

Outcome 4: Connecting children to relationships intended to last a lifetime

Comments:

Outcome 5: Working with the community (*and when applicable with the child welfare team*) to ensure that the child's needs are met

Comments:

A Tradition of Caring: Outline of Meetings

A Tradition of Caring: Introductory Meeting is the title of this module and our purpose is to introduce participants to the program and to one another. You will also have an opportunity to share experiences, identify your needs, and discuss common interests and concerns. This and all other meetings will last three hours.

Understanding the Child Welfare Service System will help you to understand and navigate the child welfare system including how these services are organized, their purpose, the help they can provide, and ways to work effectively with the system

Supporting Healthy Development and Managing Loss provides information and support in two primary areas: Child growth and development, and how children's life experiences, including separation, grief, loss, and trauma impact growth and development.

Identifying and Meeting Special Needs discusses areas of special interest for kinship caregivers as related to developmental issues of children who have been separated from their parents and might have experienced significant trauma and loss.

Providing Guidance and Discipline focuses specifically on the challenges of providing guidance and discipline to the children in your care.

Maintaining Family Connections looks at the challenges faced by kinship caregivers regarding contact between children and their parents and extended family members on both sides of the family.

Connecting Children to Safe, Nurturing, Lifelong Relationships explores the child's need for permanent connections, the role of the legal system in helping establish permanency for the child, and your role as a kinship caregiver in helping to ensure permanence for the child.

The Kinship Experience: Family Change helps you to explore the impact of kinship care on your family relationships and strategies for dealing with change. This module will also look at the challenges faced by kinship caregivers regarding contact between the children and their parents.

Getting Help: Finding and Using Resources explores your need for services and supports and ways to advocate for and access needed services for your family.

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A Tradition of Caring:

Meeting Goals and Objectives

Goals

Participants will:

- Understand the purpose and design of the Tradition of Caring program.
- Know definitions associated with kinship care, including formal and informal kinship care.
- Understand how the program's content and process supports the kinship family in meeting essential needs of children associated with the child welfare agency and address the agency's foster care policy and assessment and licensing requirements.

Objectives

Participants will be able to:

- Describe the purpose, design, and process of the program.
- Name the five desired outcomes of kinship care.
- Identify common interests and concerns of kinship families.
- Name priorities for discussion and learning within the program.
- Describe how program content addresses agency policy and licensing or certification requirements.
- Describe the agency process for assessing kinship families as licensed or certified caregivers for children connected with the agency.
- Identify common reasons that children need kinship care.
- Identify the benefits of kinship care for children and families.
- Identify what kinship caregivers are expected to know as members of a professional team whose goal is to protect children and strengthen families.
- Develop an individual action plan to address identified needs.

Agenda

Part I: Welcome and Introductions

A. Participant and Facilitator Introductions

B. Purpose of the Program

C. Review of Outcomes, Session Goals, and Session Objectives

D. Discussion of Teamwork Agreements

E. Use of the Carebook Resources

Part II: Telling Our Story

F. So Much in Common

Part III: It Takes a Family to Raise a Child

G. Information That Helps

H. Kinship Family Self-Assessment

I. Caring in Action

Part IV: Connecting with the Child Welfare Agency

J. The Agency Role

K. Making Connections with Assessment, Licensing, or Certification

Part V: Closing Remarks

L. End the Session

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This is My Caring Story

by _____

This is Me (or us):

I (we) are caring for our

_____,
relationship,

named

_____.
children's names

We are caring for the children because:_____

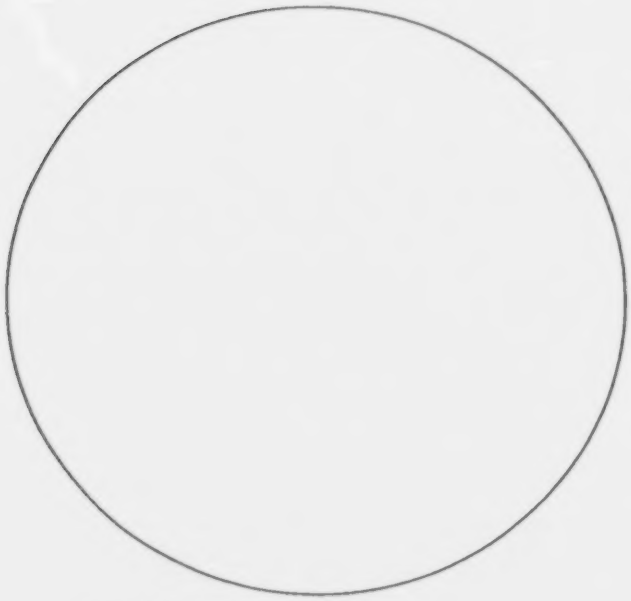
_____

_____

_____

_____

Our Family



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I (we) love this about the child:

_____,

_____

_____

_____

I (we) find this to be the most difficult about caring for the child:

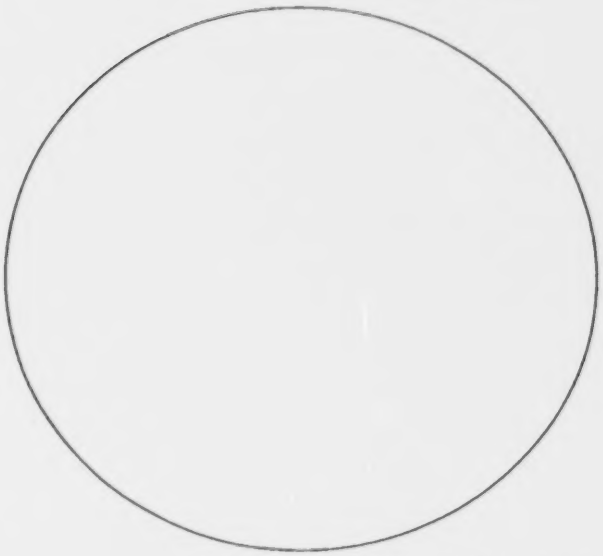
_____

_____

_____

_____

This is the child:



Things the child likes to do.

1._____.

2._____

3._____

4._____

Here is something that inspires me: (a story, a saying, a poem, a person, a place, a picture)

The three most important things in life are:

1._____

2._____

3._____

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Self-Assessment and the Five Desired Outcomes

Protecting and nurturing

I am very comfortable nurturing the children. I know how to comfort, nurture, and help the children feel safe.

1	2	3	4	5
I have no experience nurturing or caring and have concerns about doing so		I may need support I have concerns		I have experience and feel comfortable caring for and nurturing children

Comments:

I have concerns about the parent(s) having access to the children and my ability to limit or control the parent's access

1	2	3	4	5
Parent can be dangerous and I feel unable to ensure children's safety		I may need support with this		There are no concerns or I feel very comfortable

Comments:

Household members are able to avoid problems with drugs and alcohol, physical violence, and criminal activity

1	2	3	4	5
Active drug use or alcoholism in home or physical violence or criminal activity		History of drug use by household members frequent alcohol use history of family violence or criminal activity		No problems of this type in family

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Comments:

Meeting developmental needs

I am knowledgeable and experienced in meeting children's developmental needs

1	2	3	4	5
Little or no experience		Some experience or understanding		Good experience and understanding

Comments:

Supporting relationships between children and their families

I have the ability to help children understand their family situation

1	2	3	4	5
No ability -- Too angry or in denial		Some ability; can can help children deal with some issues		Can help children with all issues

Comments:

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I can maintain a reasonable relationship with the birth parent(s) given the circumstances within the family.

1	2	3	4	5
No understanding of birth parent(s); extreme anger or denial of parent's situation		Some understanding; ups and downs; good understanding of one parent but not the other		Understand and have the ability to maintain a reasonable relationship

Comments:

Connecting children to relationships intended to last a lifetime

I am willing to be a resource for the children over time

1	2	3	4	5
Will provide only emergency care		Not sure; can identify many barriers to being an ongoing resource		I have a special commitment to the children; will be an ongoing resource

Comments:

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Working with the community (*and when applicable with the child welfare team*) to ensure that the children's needs are met

I am willing to work with community resources (and where applicable with the child welfare team) to ensure that the children's needs are met

1	2	3	4	5
Not willing to work with agency; don't want to take children to appts. or (when working with child welfare agency) to have worker in home		Difficulty accepting agency involvement but am committed to seeing that children's needs are met	I understand need for resources and know how to advocate for needed services; (where applicable: I am comfortable working with child welfare agency)	

Comments:

Caring in Action: Putting this Program to Good Use

Outcome: **Protecting and nurturing**

Goal:_____

_____

_____

Action steps to get there: _____

_____

_____

Outcome: **Meeting developmental needs**

Goal:_____

_____

_____

Action steps to get there:

_____

_____

_____

Outcome: **Supporting relationships between children and their families**

Goal:_____

_____

_____

Action steps to get there:

_____

_____

_____

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Outcome: **Connecting children to relationships intended to last a lifetime**

Goal: _____

_____

_____

Action steps to get there: _____

_____

_____

Outcome: **Working with the community (***and when applicable with the child welfare team***) to ensure that the child's needs are met**

Goal: _____

_____

_____

Action steps to get there: _____

_____

_____

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A Celebration of Caring

You Know You're a Kinship Caregiver When..., by Judy D. Sala

1. Your shopping cart holds such items as:

   Geritol **AND** Flintstone Chewables
   Disposable bottle liners **AND** Fix-o-dent
   Hair dye **AND** diaper rash ointment

2. You break out into hysterical laughter when your doctor's solution to your chronic fatigue is "Maybe you should get more exercise."

3. You qualify for WIC **AND** AARP.

4. You don't carry a purse anymore; you just stick your wallet in the diaper bag.

5. You have an arthritic flair-up learning CPR.

6. You're annoyed with your best friend when she asks you not to call before 9:00 AM, because she's still sleeping.

7. No one's ever sat in the back seat of your friend's car; but yours holds **TWO** car seats.

8. The best feature about your new car is the trunk is roomy enough for the baby stroller.

9. Your favorite restaurant has a nice Kid's Menu **AND** offers a Senior's Discount.

10. Your kindergartener's principal went to high school with your oldest child.

11. Your friends play Bingo at the Indian Casino; you play Bingo at the PTA meeting

12. You can drink a can of Ensure for breakfast, while you feed the baby a bottle of Simalac

13. Your friends are going to a lecture on Alzheimer's; you're going to a workshop on ADD.

14. Veggie Tales, Barney's Big Adventure and Winnie the Pooh have replaced Top Gun, The Big Chill, and The Godfather on your video shelf.

15. You stay up late trying to understand a third grade math book, because saying "That's not the way we did math when I went to school!" isn't going to get the homework done.

16. You're shocked to find out that the kids are learning about the Vietnam War in an American History class.

17. You and your husband don't mind getting up at night with a teething baby, because your hot flashes and his prostate are keeping you both awake anyway

18. You can sing every verse of "The Wheels on the Bus."

19. Your new stand is that the environment will have to wait; because you aren't giving up disposable diapers.

20. The living room carpet is dirty, there's a crib in your bedroom, and the twins took the batteries out of the TV remote to use in their Gameboy, but you're still smiling broadly because you've rarely felt more satisfied with your life.

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Meeting Two: Understanding the Child Welfare Service System

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A Tradition of Caring

Understanding the Child Welfare Service System

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Understanding the Child Welfare Service System

Meeting Goals and Objectives

Goals

Participants will:

- Understand the concept of "safety" in the child welfare system
- Understand the concept of "permanence" in the child welfare system
- Understand the concept of "well-being" in the child welfare system
- Know the legal mandates of the child welfare system
- Understand requirements of the Adoption and Safe Families Act
- Know how the role of child welfare agencies has changed over time
- Understand the general rationale and process for decisions making within the child welfare system
- Understand the potential effects on them of becoming involved in the child welfare system

Objectives

Participants will be able to:

- Identify reasons why a child welfare agency would become involved with a family
- Provide a general description of what a child welfare agency is required to do by law
- Provide a general description of the concepts of "safety, permanence and well-being" as they apply to child welfare services
- Describe the bases upon which decisions are made in the child welfare system
- Describe the advantages and disadvantages to them in becoming involved with the child welfare system.

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Agenda

Part I: Welcome and Caring in Action Discussion

A. Welcome and review of Outcomes, Session Goals and Session Objectives

B. Caring in Action Follow-up

Part II: Telling Our Story

C. Understanding Safety, Permanence and Well-being: Group Activity

D. Safety, Permanence and Well-being: When Families are Not Enough

Part III: Overview of the Child Welfare System

E. Information that Helps:

F. What this Means to My Family

Part IV: Making Decisions

G. Information that helps:

H. What this Means to My Family

I. Caring in Action

1. Caring in action
2. Other information I need:

Part V: Closing Remarks

A. End of Session

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How We Keep Our Families Safe

Use the checklists below as a starting point in thinking about how you keep your family safe. Note any ideas you have about ways you've found successful in ensuring safety for children in your care.

1. Checklist:

Dwelling safety: We periodically check home safety, such as smoke detectors, safety gates, wiring, kitchen, and bath safety.

Auto Safety: Everyone wears seat belts; we have car seats appropriate to the age and weight of the children; children never sit in seats equipped with air bags.

Supervision: There is always an adult at home with children; young children are always kept in view; we know where older children are when they are not at home, and we know their friends.

Contact: If parents are a danger to the children in our care, we have made provisions to keep them safe from harm from parents, and the plan is clear to all involved.

2. Action We Take:

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How We Ensure Permanence

Use the checklists below as a starting point in thinking about how you ensure consistent, lifelong connections. Note any ideas you have about ways you've found successful in promoting permanence for children in your care.

1. Checklist:

History: We keep records of family life in the form of photos, mementos, and scrapbooks. Children in our care have photos of their parents.

Contact: We keep in regular contact with extended family and friends, and see each other often. If they can do so safely, children have contact with parents. Children have contact with siblings not living with us.

Planning: We intend to keep the children in our care until they are grown. But we have also made plans for their care if anything happens to us or we become unable to care for the children.

Limits: We can foresee no reason why the children could not stay with us until they grow up.

2. Action We Take:

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How We Promote Well-Being

Use the checklists below as a starting point in thinking about how you promote well-being. Note any ideas you have about ways you've found successful in promoting well-being for children in your care.

1. Checklist:

Health: We ensure that everyone in the family has regular medical care. We prepare nutritious meals. We get regular exercise.

Learning: We are involved with the schools the children in our care go to. As a family we like to read and discuss ideas. We support hobbies and talents of everyone in our home.

Participation: We make sure everyone in our home feels like a valued, important member of the family. Everyone has a part to play in family life.

2. Action We Take:

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Milestones In Child Welfare Services

1874: Case of Mary Ellen: No laws protecting children

1911: Children's Bureau: First national agency concerned with children

1920's: Mothers' Pension: First national program of financial support for children

1960's: Battered Child Syndrome Defined: First description of patterns of non-accidental injuries to children

1974: Child Abuse Prevention and Treatment Act: First national program requiring reporting laws

1980: Adoption Assistance Act: First national program recognizing need for permanent homes for children

1997: Adoption and Safe Families Act: Defining focus of child welfare services as Safety, Permanence and Well-Being. First national act to address Kinship Care.

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Moving Through The Child Welfare Service System

Report of child abuse or neglect received

Report founded/ supported

Report not founded/ supported: CLOSED

Child at risk?

Investigation

Child not at risk

Services not needed: CLOSED

Family in need of service

Assess risk

Can be kept safe at home

Is unsafe at home

Out of home Placement

Foster Family Care

Residential Care

Kinship Care

Child in agency custody

Child not in agency custody

Kinship Family

In investigation or assessment, may be interviewed and asked to participate in service plan. May have made the report.

If child is unsafe at home, may volunteer or be asked to provide care for child

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Resource: Understanding The Child Welfare System, pg. 33

Moving Through Licensure/ Certification

Step 1
The Application

Step 2
Assessment

Step 3
Group
Preparation

Step 4
Decision

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Caring in Action

Safety, Permanence, and Well-Being: What I Can Do and Help I Need

Using the questions listed below as guides, make notes about what you can do, and what help you need. Then record your thoughts on the Caring in Action worksheet.

1. SAFETY:

Are you able to provide age-appropriate safety and supervision to the children in your care?

If the children's parents pose a threat of harm to them, are you able to protect the children, and prevent the parents from contacting the children?

Are there any special physical, emotional or psychological needs represented by the children? Do any of these needs make the children vulnerable in any way? Are you able to handle these special needs, and keep the children safe?

2. PERMANENCE:

Is there any reason why the children would not be able to remain with you until adulthood? Think about your health, the children's needs, the children's parents' intentions and abilities, the well-being of family members.

Who will financially care for the children if you become unable to do so?

3. WELL-BEING:

Are you able to promote the children's learning both in school and at home?

Are you connected to extended family, and to a community which supports you?

Are you able to promote the children's self-esteem, and give the children opportunities to learn self-confidence and self-care?

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Child Welfare Concern	Needs Identified	Resources I already have	Help Needed From Others	Help Needed From Child Welfare System	Action Steps Needed	Comments
SAFETY						
PERMANENCE						
WELL-BEING						

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A Celebration of Caring

This is a true story of my never-ending saga about my grand-nephews by marriage.

The Players:

Joe: 12 year old Filipino boy (mother's son)
Father: My nephew, 39 year old African-American boy (dad's son)
Mother: 30 year old Filipino woman
Myself: Miss Addie, (ageless) Teacher-trainer

Family Unity: Mom and Dad feel that they are a connected loving family caring for one another, and the boys consider themselves as real brothers. However, DJ feels that Joe is too young to always hang around him and his friends, and resents the fact that his little brother follows him around. Joe thinks he is as mature as DJ and can do the same things as DJ and who was involved in sex. So Joe learned the art of oral sex with the girls from the riverbed and also used marijuana, and DJ didn't want to be blamed for Joe's drug habit.

Joe felt that he wanted to have visits with his biological father and have a relationship, mom was against this because dad is still on drugs and is a bum.

Mom and Dad both have good jobs. They both a nice home in Temecula. That meant their commute to and from their jobs in the city during the week, was about two hours. They leave the house early and return late. During the week the boys have no supervision, no rules, no limits, no consistency and no consequences. While mom and dad are working, they have their friends over, have sex and drug parties, and play video games.

The boys are in and out of trouble all the time with the schools and with them. The parents have taken away their toys and put them on consequences, which are not kept. The family is always being invited to Magic Mountain, Sea World, or out to dinner and etc., consequences are forgotten. No rules and no consistency. The boys need money, and so now the stealing starts, selling the parents things to buy more drugs. They were both kicked out of school for smoking and not going to classes, and the saga goes on.

On the weekends, dad wants to be with his friends, ride motorcycles and is heavily involved into car racing. Mom sells Mary-Kay products and on the weekends is with her friends having little girl make-up parties, eating crab legs and sushi. When mom and dad are with their friends and toys, you can imagine the toys the boys have; they have girls, cigarettes, and drugs.

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This is how I came into the picture. I agreed to take both boys with the understanding that boys and parents follow my rules. I placed the boys on the Boys Town Model, Rebuilding Children's Lives, which is build around social skills and teaching self-control. This model has a lot of interaction with the children and lots of praise to teach self-discipline. School is also an important issue in my home. We set up a tutoring hour, a daily schedule that each boy had to follow. They are both behind in their grade level and one of our goals is to be able graduate DJ from Junior High School and another was to get Joe off of cigarettes and marijuana.

The parents could talk to the boys on the phone daily, but no visits for two weeks. The visits for the rest of the month were at my home. They could take the boys out for a couple of hours with conditions they follow my rules and take the responsibility to have the boys back on time. When the boys were allowed to go on over-nights, both parents and boys had to follow the same rules, Boys Town Model. The parents were also taught this model and learned effective praise and had to learn to focus on one boy at a time, not seeing them as a group.

The boys were finally able to visit mom and dad on the weekends and everything went well, so now we are switching roles. The boys are with us on the weekends, from Friday to Sunday nights, and home with mom and dad the other four nights. The parents got jobs closer to home and taking turns picking up the boys after school from their new school in Temecula. Everyone feels that this will make a difference.

We think this is going to work this time; we feel good because the parents and the boys feel good about themselves and their natural role of parents and kids.

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Meeting Three: Supporting Healthy Development and Managing Loss

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A Tradition of Caring

Supporting Healthy Development and Managing Loss

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and Managing Loss

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Supporting Healthy Development and Managing Loss

Meeting Goals and Objectives

Goals

Participants will:

- Understand the effect that separation, loss, and grief may have upon the kinship family system.
- Understand the relationship between attachment and child development.
- Know the stages of normal human growth and development.
- Understand the conditions and experiences that may cause developmental delays and affect attachment.
- Know the categories and types of losses, the stages of grieving, and the factors that influence the experience of separation, lost, and placement.
- Understand the effects of separation and loss on the feelings and behaviors of children and youth.
- Know how to help children and youth cope with feelings resulting from separation and loss.

Objectives

Participants will be able to:

- Describe typical child and youth development.
- Identify basic needs to insure a child safety and well-being.
- Describe the relationship between attachment and development.
- Identify the influences of family and environment on human development.
- Identify potential effects when significant attachments are disrupted or do not occur.
- Identify losses frequently experienced by various members of kinship family, including the caregiver, the children, and extended family members.
- Describe the typical pathway through the grieving process.

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- Explain how children and youth in kinship care often experience the grief process in ways that appear atypical.
- Describe the role of the child welfare agency in supporting the kinship family in addressing developmental issues of children and youth associated with the agency.
- Describe the role of the child welfare agency in supporting the kinship family in managing loss.
- Describe this session addresses agency foster care assessment and licensing or certification requirements.
- Develop an individualized plan to address identified needs.

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Supporting Healthy Development and Managing Loss

Agenda

Part I: Welcome and Caring in Action Discussion

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

B. Caring in Action Follow-up

Part II: Telling Our Story

C. Re-writing the Book on Child Development

Part III: Overview of Human Development

D. Typical Child and Youth Development

E. Developmental Jigsaw Puzzles

Part IV: Loss and Grieving

F. Separation, Loss, and Grief

G. Loss History Chart

Part V: Caring in Action: Identifying and Linking Circles of Support

H. Action Planning

Part VI: The Important Role of Teamwork

I. Working Together to Address Developmental Issues and Manage Loss

Part VII: Closing Remarks

J. End the Session

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Summary of Stages of Growth and Development

AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
0-3 months	Is born with birth reflexes—sucking, grasping Lifts head when held at shoulder Moves arms and legs actively Is able to follow objects and to focus	Is concerned with satisfaction of needs Smiles spontaneously and responsively Likes movement—to be held and rocked	Vocalizes sounds (coos) Smiles and expresses pleasure when sees faces
3-6 months	Rolls over Holds head up when held in sitting positions Lifts up knees—crawling motions Reaches for objects	Smiles responsively Laughs aloud Socializes with anyone, but knows mother Responds to tickling	Recognizes primary caregiver Uses both hands to grasp objects Has extensive visual interests
6-9 months	Sits unaided—spends more time in upright position Learns to crawl Climbs stairs Develops eye-hand coordination	Prefers primary caregiver May cry when strangers approach Commonly exhibits separation anxiety	Puts everything in mouth Problem solving — e.g., will move obstacles aside to reach objects Transfers objects from hand to hand Responds to changes in environment and is able to repeat action that caused it e.g., sound of rattle Drops objects repeatedly Is fascinated with small objects Begins to respond selectively to words

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AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
9-14 months	Achieves mobility—strong urge to climb, crawl Stands and walks Learns to walk on his/her own Learns to grasp with thumb and finger Feeds self	Extends attachments for primary caregivers to the world—in love with world and wants to explore everything Demonstrates object permanence—knows parents exist and will return Is typically friendly and affectionate with caregivers; less so with new acquaintances	Demonstrates intentional behavior—initiates actions Is eager for sensory experience, explores everything, has to touch and mouth every object Is curious about everything Realizes objects exist when out of sight and will look for them (object permanence) Stares for long periods to gain information Is interested and understands words Says words like "mama," "dada"

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AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
14-24 months	Walks and runs Drinks from a cup alone Turns pages of books Scribbles spontaneously Walks backwards Loves to practice new skills Uses fingers with increasing skill Likes gymnastics and climbing and descending slides Stacks two-three blocks	Tends to exhibit negativism—"no" stage Becomes aware of self as an independent entity and starts to assert independence Tests limits Develops concept of self, fearful of injury—Band-Aid stage—wants everything "mine"—possessive-ness Tends to stay near mother and make regular overtures to her—seeks approval, asks for help	Uses language to serve immediate needs— "mine," "cookie" Imitates words readily and understands a lot more than can say Is able to do actions in head—can retain images, memory improves, cause and effect—experiments to see what will happen Learns to use new means to achieve ends—e.g., can tilt objects to get them through bars in crib Spends long periods of time exploring a single subject Loves to play with others
2-3 years	Has sufficient muscle control for toilet training Is highly mobile—skills are refined Uses spoon to feed self Throws and kicks a ball Disassembles simple objects and puts them back together Has increased eye-hand coordination-can do simple puzzles, string beads, stack blocks	Has great difficulty sharing Has strong urges and desires but is developing ability to exert self-control Wants to please parents but sometimes has difficulty containing impulses Displays affection—especially for caregiver Imitates own play activity and occupies self Is able to communicate and converse	Is capable of thinking before acting Is becoming very verbal Enjoys talking to self and others Enjoys creative activities—e.g., block play, art Loves to pretend and to imitate others Thinks through and solves problems in head before acting (has moved beyond action-bound stage)

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AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
		Is developing interest in peers	
3-4 years	Jumps in place Walks down stairs Balances on one foot Uses toilet consistently Begins to dress self Builds with blocks and constructs toys Has developed fine muscle control Has boundless energy	Knows name, sex, age, and sees self as part of a family unit Has difficulty sharing Plays alongside other children and begins to interact with them Helps with small household tasks Likes to be "big" and to achieve new skills	Believes there is a purpose for everything and asks "why" Uses symbolic play; has strong fantasy life Loves to imitate and role-play Understands some number concepts, comparisons, colors Converses and reasons Is interested in letters Is able to scribble and to draw recognizable objects and circles
4-6 years	Has refined coordination and is learning many new skills Has improved finger dexterity—able to hold and use pencil, cut with scissors, catch a ball, use a fork and spoon, brush teeth Climbs, hops, skips, and likes to do stunts	Plays cooperatively with peers Develops capacity to share and take turns Is developing ethnic and sexual identification Displays independence Protects self and stands up for rights Identifies with parents and likes to imitate them Often has "best friends" Likes to show off skills to adults Continually forms images of self, based on interactions with others	Shows increased attention span Understands cause and effect relationships Expands dramatic play with attention to detail and reality Has increasingly more complex and versatile language skills Expresses ideas, asks questions, engages in discussions Speaks clearly Knows and can name members of family and friends

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AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
6-12 years	Enjoys using new skills, both gross and fine motor Likes to achieve in sports Is energetic and tends to have large appetite Is increasing in height and weight at a steady rate Has increased coordination and strength Is developing body proportions similar to adult	Is developing a more refined personality Acts very independent and self-assured, but at times can be childish and silly Enjoys working/playing with others and alone Defines self-concept in part by success at school Has a strong group identity; increasingly defines self through peers Plays almost exclusively with same sex Begins to experience conflicts between parents' values and those of peers Has a strong sense of fairness and fair play Believes that rules are important and must be followed Likes affection from adults—wants them to be there to help Is able to assume responsibility for self and may care for younger siblings	Enjoys projects that are task-oriented—like sewing, cooking, woodwork Is highly verbal—enjoys jokes and puns, uses language creatively Asks questions that are fact-oriented—wants to know how, why, and when Likes to make up stories, plays, and puppet shows Is able to deal with abstract ideas Judges success on ability to learn to read, write, and do arithmetic
12-18 years	Is experiencing a dramatic growth spurt. For boys, growth in height and weight takes place between 12th and 14th years; for girls, growth spurt tends to take place between 10th and 12th	Needs help in dealing with most changes taking place so can retain a strong sense of identity and values Is likely to show extreme swings—often doesn't know how to express anger	Shows either increased interest in school or loss of interest in school or loss of interest in academic studies Achieves impressive changes in cognitive

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AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
	years May be anxious about physical changes and worry about deviation from "ideals" Achieves sexual maturity and increased sexual drives	Enjoys social activities at school Relies heavily on peers—struggles to be independent of parents Tries to conform to group norms Has close friendships and emotional involvements Is concerned with meaningful interpersonal relationships and is developing personal morality code Seeks emotional alliances outside family—is less dependent on family for affection and emotional support Experiences conflicts with parents on expectations, e.g., for achievements Strives to define self as separate individual and may adapt extreme hairstyles, clothes, destructive behavior Often feels misunderstood by parents	development Is able to reason, to generate hypotheses, and to test them out against evidence Is capable of introspection and of perceiving differences between how things are and how they may be Begins to consider and sometimes make vocational choices Is interested in making money—takes part-time jobs

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Re-writing the Book on Child Development

On **Resource 3: Summary of Stages of Growth and Development**, locate your assigned age group(s) and note it on the line below. Use the information provided for the age group(s) assigned, and your personal experiences along with knowledge as kinship caregivers to answer the following questions.

Age Group(s) Assigned:_____

1. List 3 reasons why children in this age group who have been separated from parents are living with other relatives might not achieve all the physical, social, and emotional milestones within the timeframe listed.

a._____

_____

_____

_____

b._____

_____

_____

_____

c._____

_____

_____

_____

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2. List 3 "problem behaviors" that the children in this age group might exhibit if they have developmental delays or other developmental problems

a. _____

b. _____

c. _____

3. List three things a kinship caregiver might do to help children in this age group who have developmental problems or delays.

a. _____

b. _____

c. _____

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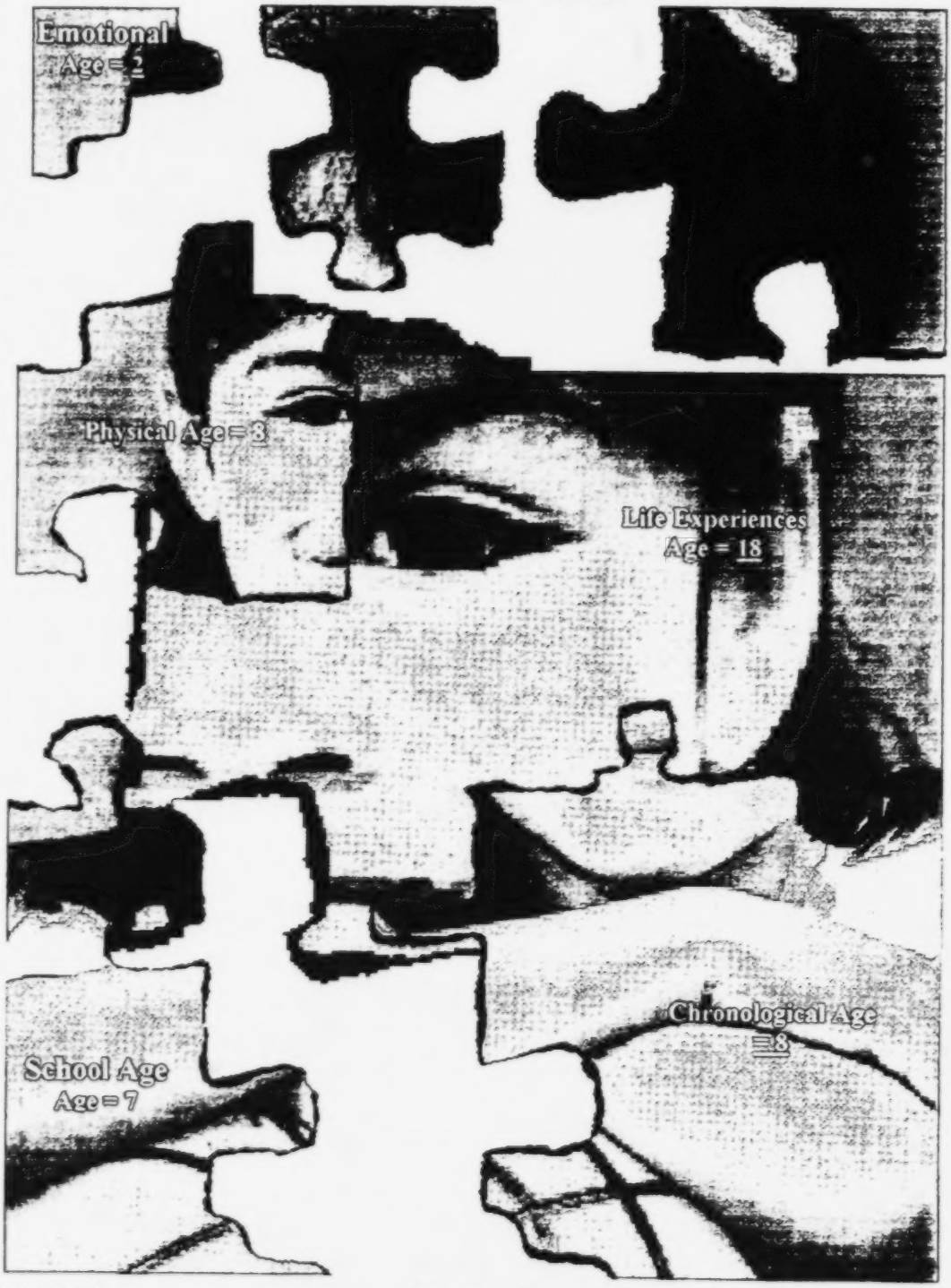
Jigsaw Puzzle for Ruthie



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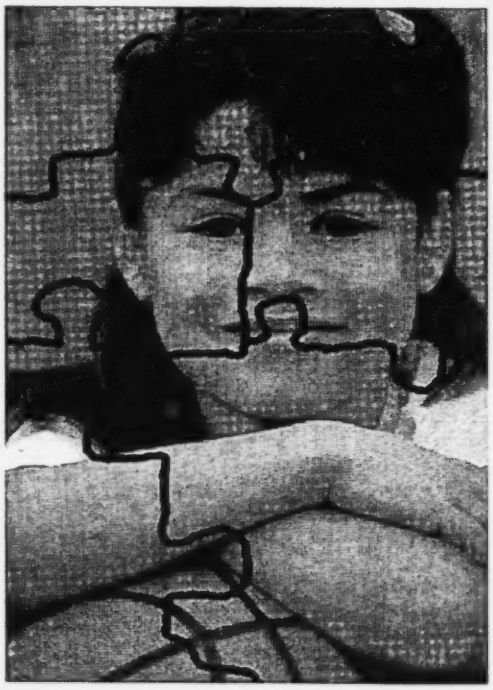
Jigsaw Puzzle for My Child

Children's Name: _____



WORKSHEET

1. Does the developmental jigsaw puzzle for your children reflect areas of developmental delays or advancement? If so, list below:

	AREAS OF DELAY	AREAS OF ADVANCEMENT
1		
2		
3		
4		

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2. Note how each of the areas of delay or advancement affects your children. Be as specific as possible.

	AREA OF DELAY OR ADVANCEMENT	EFFECTS ON CHILDREN
1		
2		
3		
4		

3. List up to four ways in which your children needs help in meeting their developmental needs:

	Developmental Concern	Help Needed
1		
2		
3		
4		

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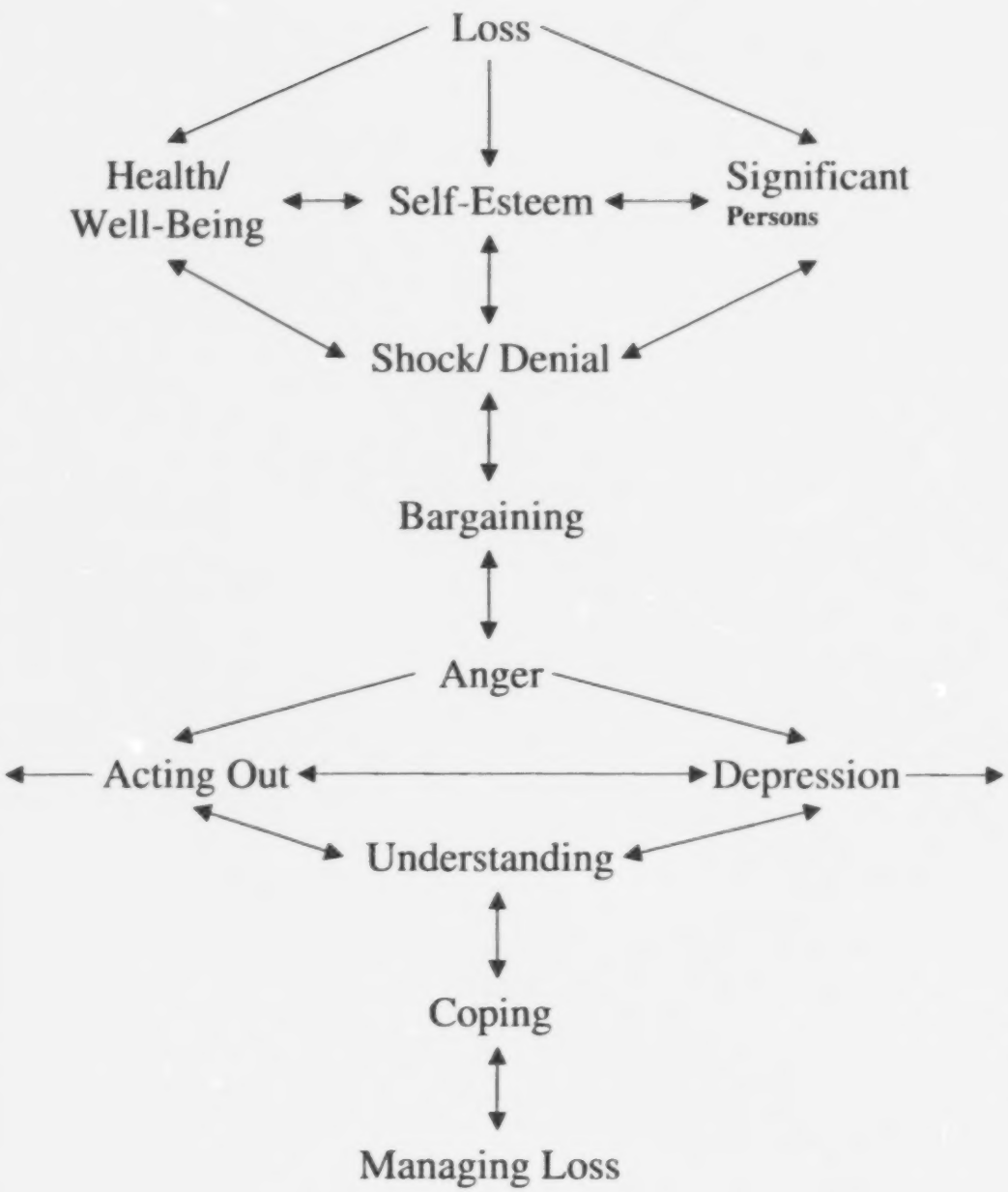
The Pathway Through the Grieving Process



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Adapted from Pasztor, E.M. and Leighton, M. *Homeworks #2: Helping Children and Youths Develop Positive Attachments.* Washington, DC: Child Welfare League of America, 1993.

Understanding and Helping Children with the Impact of Separation and Loss

Age	Developmental task	Effect of separation and loss	Help to minimize trauma
Infant	Infants develop a sense of security and trust from day-to-day experiences. Their primary job is to develop a sense of trust in others. By 7-9 months they know family members and fear others. Their dependency on mother decreases as trust develops.	They react to difference in temperature, noise, visuals. They may lose their sense of being able to rely on the environment and the individuals within it. May become less flexible. Rebuilding trust in adults is major task.	Be attentive to needs. Keep changes in daily routine to a minimum.
Toddler	They separate from their mothers, begin to develop self-confidence and self-esteem, and begin to feel capable of doing things themselves.	Damages their sense of independence, self-confidence, and self-esteem. Toddlers may regress to younger behaviors.	Need help developing independence, or a balance between dependency and independence. Tolerate clingy behavior, as they do not trust adults will be there when they need them. May behave like they want to parent themselves. Need opportunities for trust and autonomy, and opportunities to control their environment. Be aware of all events surrounding the separation or loss, as similar events will reawaken memories in the future.

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Age	Developmental task	Effect of separation and loss	Help to minimize trauma
Preschooler	Become good at self-care at home, typically ask a lot of questions, become more individual and more independent. Show tremendous interest in and excitement with the world. Develop language skills. Unable to understand cause and effect.	World is confusing, fear abandonment, susceptible to misperceptions as to the reasons for moves, and will blame selves.	Listen for odd or peculiar statements for clues suggesting the children may have misperceptions about the reasons for living with kin rather than parent. Be attentive to the their development. Language delays are common in children who have been abused or neglected. Need consistency and predictability to regain sense of trust and control.
Six-to-ten year-old	Learning in school, developing motor skills, and same-sex peer relationships are important. Moral development includes a heightened sense of right and wrong. Become more assertive; the issue of fairness is very important. Increased ability to understand and conceptualize.	Interferes with ability to learn and develop friendships. Regression to earlier stages is common.	Need help to reason out loss. Need information about their past to help them with identity issues. Need help with peer relationships, poor school performance, and identifying and managing angry feelings. Children who have been sexually abused need nurturing in nonsexual relationships.
Adolescent	Need to be accepted by peer group versus need to belong in family. Must cope with abundant sexual and aggressive impulses. Beginning to find place in the world. Want independ-ence from family; control battles common.	Loss is intensified due to adolescent's emotional instability and impulsivity. Loss complicates issues of identity and self-esteem. Separation from family at a stage	Need to be full participants in the helping plan. Need to feel their desires are considered at all times. Need help acknowledging and managing sad and angry feelings, and low self-esteem. Need to be acknowledged for responsible behaviors. Need help in resolving sexual issues in nonsexual relationships. Need support in peer relationships; for example, help to manage peer pressure.

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Age	Developmental task	Effect of separation and loss	Help to minimize trauma
	Developing intellectual and reasoning abilities. Sense of belonging and peer relationships are very important.	of desiring independence confuses the anger.	

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Loss History Chart

Age	Circumstances of Loss	Help Given	Effects of the Loss On the Children

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Shonda's Loss History Chart

Age	Circumstances of Loss	Help Given	Effects of the Loss on the Children
3 months	Father committed suicide. Mother began to use drugs.	No help given	Was underweight. Did not receive regular medical care.
2	Mother entered drug rehab – was gone for 7 weeks.	Stayed with her maternal grandmother. Grandmother took her to the doctor and she received her immunizations.	Had trouble sleeping, wandered around the house looking for her mother. Became aggressive, and had tantrums frequently.
8	Moved with mother and mother's boyfriend to Florida. No contact with extended family for 18 months.	Do not know	Was homesick for grandmother and aunt. Had trouble in school, behaviorally and academically.
10	Mother served 7 months in jail for selling drugs.	Went to live with grandmother. Received help from a school counselor.	Was angry at mother. Became less aggressive. Made some friends. Grades improved.
11	Returned to mother's home. Moved to another town. Changed schools twice	Do not know	Failed 6th grade.
13	Grandmother died.	Attended the funeral. Was given some of grandmother's jewelry.	Became very depressed. Began to drink. Became sexually active.
15	Mother went to prison.	Went to live with great aunt.	Angry at mother. Cries often. Suspect she is using marijuana.

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Caring in Action

Identifying and Linking Circles of Support

As a result of participating in this session, I have identified the following as a goal:

_____

_____

_____

I have the following resources to help me achieve this goal:

_____

_____

_____

My family circle has the following resources to help in achieving this goal:

_____

_____

_____

Resources from the following people or agencies could help in achieving this goal:

_____

_____

_____

The role of the child welfare agency in achieving this goal is:

_____

_____

_____

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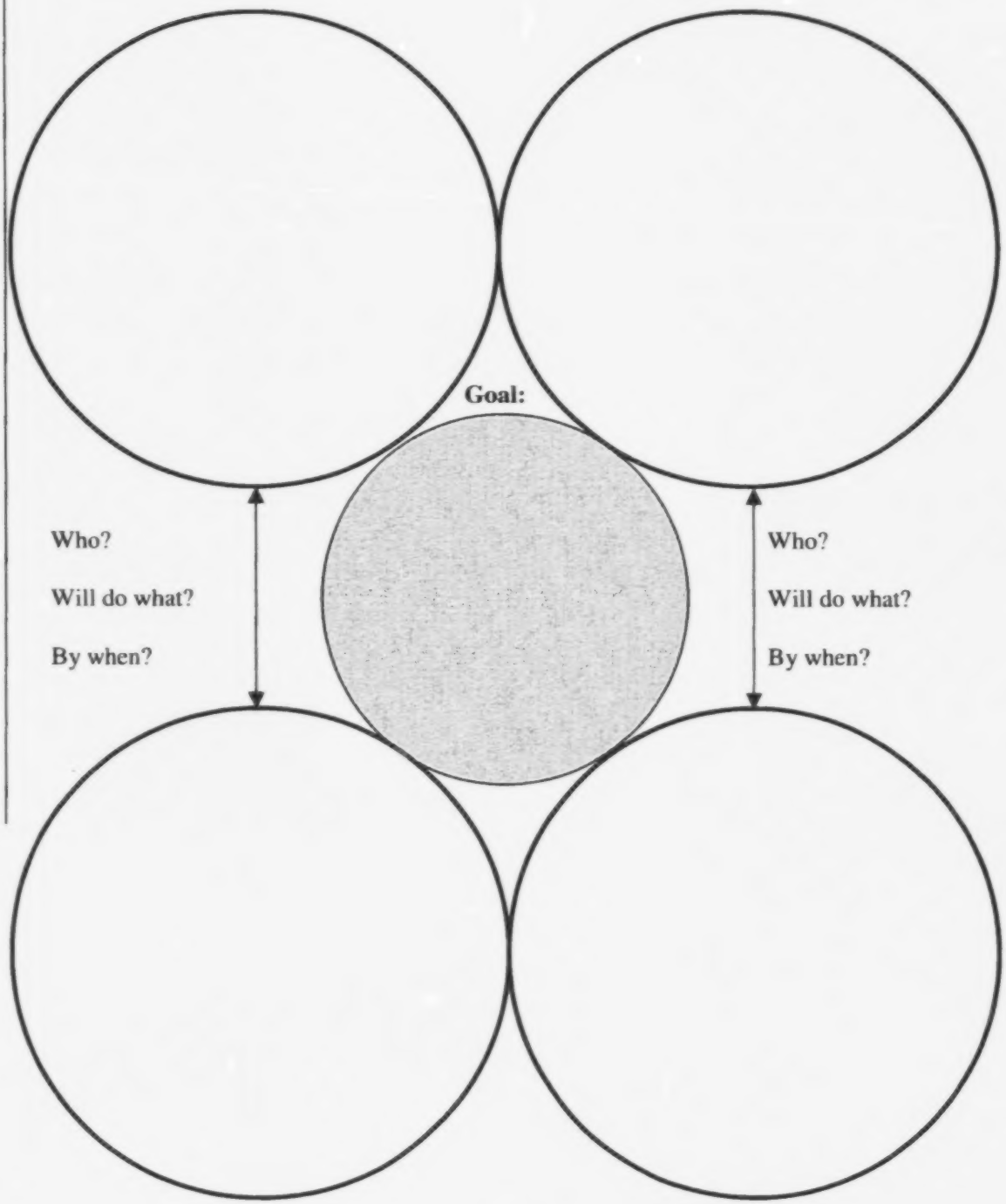
Create your circles of support using the information from the previous page:



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A Celebration of Caring

Little Boy Lost…

November 23, 1998, our little boy came to live with us
On that date.
We thought – Give him a home, food and clean clothes.
His life would be great, heaven knows.

But it wasn't

Six years of neglect and abuse couldn't be fixed with clean sheets, a hug, a kiss, good food, nice clothes, a dog, a cat, a bike…its no use!~

What do we do?
How do we get through?
To Little Boy Lost,
Nothings working for you.

Our life is a mess; we're falling apart.
School is in jeopardy. Where do we start?

At the Beginning.

Kisses and hugs every morning, noon and night.
Lots of cooing and cuddling, even during a fight.
A tickle on the nose, a kiss on the ear
Break down that barrier, get through that fear.

Thank you for helping us figure it out.
Work with us; cry with us, letting us shout.
Lots of steps forward sprinkled with little steps back,
Lots of love always, kisses and cuddles don't lack.

We're "wholer" than whole. Our lives are complete.
We're mom, dad and son. Wow--What a treat!

From the depths of our hearts, for all of his sounds
We thank you! We thank you!
Little Boy Lost is now Little Boy Found!--6/20/01

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Meeting Four: Identifying and Meeting Special Needs

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CAREBOOK

A Tradition of Caring

Identifying and Meeting Special Needs

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Identifying and Meeting Special Needs

Meeting Goals and Objectives

Goals

Participants will:

- Understand the impact of trauma on child development.
- Know the general effects of maltreatment on children.
- Understand some of the specific effects of caregiver behaviors on children.
- Understand the effects of maltreatment expressed as symptoms, which are indicators of special needs.
- Understand the elements of special caring parenting designed to help meet the special needs of children affected by maltreatment.
- Understand specific strategies for helping children in their care.

Objectives

Participants will:

- Explain the impact of trauma experienced by the child or youth, and how development may be affected.
- Discuss how special developmental needs can best be met in kinship care
- Describe the impact of special factors, including abuse, neglect, parental substance abuse, domestic violence, and mental or physical illness of a parent on child development.
- Define the role of the child welfare agency in supporting the kinship family in meeting developmental needs and addressing developmental delays of children associated with the agency.
- Describe the role and authority of the agency in identifying needed resources to meet the special developmental needs of children associated with the agency.
- Describe how content addresses agency foster care assessment and licensing or certification requirements.
- Develop individualized plans to address identified needs.

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Agenda

Part I: Welcome and Caring in Action Discussion

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

B. Caring in Action Follow-up

Part II: Telling Our Story

C. Portrait of a Maltreated Child

Part III: The Effects of Maltreatment on Child Development

D. Stress, Distress, and Trauma

E. Looking at the Children in My Care

F. Caring in Action

Part IV: Special Caring for Special Needs Children

G. Elements of Special Caring Parenting

H. If It Ain't Broke, Don't Fix It

I. Caring in Action: Special Caring Parenting Plan

Part V: Closing Remarks

J. End the Session

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Stress, Distress, and Trauma

Stress - An overload of events or circumstances that activates our body's warning signs and keeps us from doing our best.

Distress - A sudden, shocking event which is unexpected and out of the ordinary, and temporarily overwhelms our ability to cope.

Trauma - Sudden, shocking events chronically overwhelm the child's ability to cope. The child's attention and energy is turned to self-defense or acting up to let out a build-up of feelings which cannot be tolerated.

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The Developmental Effects of Maltreatment

Attachment Effects

- Insecure and reject the caregiver
- Insecure and cling to the caregiver
- Disoriented and disorganized - later controlling

Behavioral and Emotional Self-Regulation

- Absence of coping skills, like self-soothing and avoiding danger
- Problems with emotional outbursts: depressed & angry
- Problems with behavioral explosions: aggressive oppositional

Development of Sense of Self

- "Life and death" quality to interaction
- Poor self-image
- Low self-esteem
- Feel bad and unlovable
- Shame and guilt, or avoidance of shame and guilt
- Uncertain about own abilities
- Stop trying, become lethargic

Peer Relations

- Withdrawal from peers
- Aggressive or provocative
- Difficulty making friends
- Develop negative peer influences

Cognitive and Academic Performance

- Possible biological effects of trauma
- Possibly slow in grasping ideas

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- Poor school performance

Language Development

- Difficulty in self-expression
- Difficulty in clearly and accurately understanding verbal input of others
- Difficulty in putting feelings into words

The Effects of Specific Problems in Parenting

Parental Substance Abuse

- Neonatal and childhood effects related to specific drugs
- Use of substances for experimentation
- Increased risk for addiction
- Pro-drug attitudes
- Lying when there is no reason to lie

Domestic Violence

- Identification with the aggressor increases risk for aggression in children the same sex as the perpetrator
- Increased risk for compulsive compliance in children the same age as the victim
- Increased impact for children age 8 and under

Mental/Physical Illness

- May have difficulty performing the activities of daily living
- May experience problems in basic self-care
- May be withdrawn or very demanding
- May feel compelled to care for parent
- May have extreme difficulties in separation from parent
- May be extremely frightened of strangers

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Physical Abuse

- Problems with aggression
- Peer difficulties
- Bedwetting, fire setting, cruelty to animals

Sexual Abuse

- Betrayal and trust problems
- Dis-empowered child either helpless or controlling
- Stigmatized child feels like damaged goods
- Sexualized child either sexually acting out or very anxious about sexuality

Neglect

- Poor hygiene
- Unsuitable clothing
- Lethargic; withdrawn
- Hyper-aroused; cannot be calmed
- Hoarding food
- Physical illnesses

Emotional Maltreatment

- Poor performance in most areas
- Superficial friendliness
- Warmer to strangers than to caregivers

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Holding In vs. Letting Out

HOLDING IT IN (INTERNALIZING) - Over-control of emotional expression:

- Anxiety
- Depression
- Somatic, Bodily Complaints
- Extreme Passivity and Compliance
- Hysteria
- Obsessions
- Phobias
- Suicidal Tendencies

LETTING IT OUT (EXTERNALIZING) - Under-control of emotional expression:

- Conduct Problems
- Increased Demanding
- ADHD
- Cruelty
- Lying/Stealing
- Aggressiveness

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Strengths and Resources

These factors in the child or in the child's world protect children from the impact of maltreatment and create resilience - the ability to bounce back from distressing and traumatic events.

Strengths

Personality Traits

- Can do things independently
- Positive self-esteem
- Self-discipline
- Can control impulses
- Can delay gratification
- A sense of purpose and future
- A desire to achieve in school and elsewhere
- "Adaptive distancing" - can step back from conflict and turmoil
- A sense of personal identity
- A sense that one's inner life is predictable
- A sense of humor
- Flexibility
- Empathy

Personal Skills

- Communication skills
- Problem-solving skills
- Assertiveness skills
- Coping skills

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Resources

- An adult who cares and supports
- A caregiver with parenting skills
- A caregiver with appropriate high expectations
- A caring, supportive teacher
- Caring peers and friends
- A safe neighborhood
- A supportive community with adequate resources

Adapted from Zuskin, R. (1995). DOUBLE ABUSE: Assessment, Intervention and Collaboration. Baltimore: UMD SSW.

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Looking at the Children in My Care

Name	Effects/ Symptoms	Strengths/ Resources	Special Needs
1.			
2.			
3.			
4.			

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Action Steps for Meeting Special Needs

Child	Need Identified	What To Do	Who Does	By When
1.				
2.				
3.				
4.				

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The Elements of Special Caring Parenting

1. Understand the Child's Needs - Especially Special Needs

- Safety
- Security
- Structure
- Acceptance
- Belonging
- Trust
- Relationship
- Personal Worth
- Self-awareness

2. Consider What Lies Beneath the Child's Behavior

- Stress, Distress, Trauma
- Effects of Maltreatment
- Internalizing/Externalizing

3. Use Positive Discipline

- Encourage Self-Control
- Provide Necessary Structure
- Help Child Regain Control
- Maintain the Child's Personal Worth

4. Difficulty Is to Be Expected

- Be Prepared and Not Surprised
- When They Are Off Balance, Don't You Get Knocked for a Loop

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5. Get Help from the Right Sources

- Use the Team
- Know What Is Available from the Agency
- Know Two People in the Agency to Contact
- Use a Mentor-Maybe Someone from Training!

6. Don't Be in a Hurry!

- Things Didn't Get This Way Overnight
- Build Up the Child's Sense of Safety
- Standstills Are Followed by Leaps
- When All Else Fails, Lower Your Expectations

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Tips from the Experts

Tips for Dealing with Attachment Challenges

- Keep special needs in mind
- Rejecting, clingy, confused and controlling children need you most at the moments they are most trying
- Be more than a parent
- Try to tune in to child's needs and put it into words to check it out
- Help child say goodbye to lost relationships
- Keep a life book to help maintain a sense of continuity and belonging
- Take a photo safari with the child & disposable camera

Tips for Handling Challenges of Behavioral Self-Regulation

- Use reasonable time-outs
- Use natural & logical consequences
- Pick your battles carefully
- Early intervention is the easiest
- Ignore what doesn't harm people or things - if you can
- Let the child fight with herself, not you
- Win the manipulation game - stay two steps ahead
- Avoid power struggles
- Remain consistent

Tips for Handling Challenges of Emotional Self-Regulation

- Keep your own sense of humor
- Don't let the child dictate what you feel
- Don't take emotional outbursts personally
- Try not to respond emotionally
- Acknowledge and recognize child's pain

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- Give child constant feedback and identify your own feelings, when they are under your control
- Help children to learn what stirs up their feelings

Tips to Assist in the Development of a Sense of Self

- Understand and support child's need to talk about painful past experiences
- Ask "What did you tell yourself about that?"
- Provide appropriate physical contact and physical care
- Ask for the child's opinions
- Involve the child in discussions
- Encourage tactile play: finger paints, clay, mud pies
- Assist child, or let child assist you on small projects

Tips to Help with Peer Relationship Challenges

- Use words and actions that claim the child and make her a part of your family
- Work to develop strengths in child - especially a sense of humor
- Encourage structured play experiences: supervised recreation, day camping, music, dancing
- Include child in shared experiences with your friends
- Help child identify what they need from a friend
- Help child identify what they can bring to a friendship

Tips to Help with Cognitive and Academic Performance

- Read to the child
- Invite child to read to you
- Encourage child to read alone
- Watch and discuss TV shows and movies
- Review homework or provide side-by-side assistance
- Work on puzzles together
- Never ask "Why?" Ask "What, who, when, how long & how do you know?"

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- Play strategy board games with children
- Let children help cook by working from recipes

Tips to Help with Language Development

- Tell stories without reading them
- Have the child repeat a story you told her
- Encourage verbal communication
- Talk about your growing up years
- Check with the child to make sure that what you said was what she heard
- Check with child to make sure that what you heard was what she meant
- Use word searches or crossword puzzles or flash cards
- Encourage child to write postcard to friends or family

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Caring in Action

Special Caring Parenting Plan

If it ain't broke... Things To Keep Doing	If it isn't working... Things To Stop Doing	Tips To Try (Give it 8 weeks)

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A Celebration of Caring Story

I began living with my paternal grandparents after my parents decided they were unable to give me the love, stability, and emotional support that a child required. I was parented by my grandparents from the age of 5 months until I was 8 years old and my grandparents divorced.

I know my grandparents didn't take me in as a baby because circumstances forced them to, but because they love me. Although my biological parents have always had a place in my life, my grandparents are Mommy and Poppy, my true parent figures. As a young child, I was not able to realize and appreciate all that they did for me. They packed my lunches in the morning and walked me to school. PTA meeting were never missed. Birthday parties were joyous occasions, and family gatherings occurred often. My grandparents made sure my medical appointments were on time. If I ever had a problem that I refused to openly discuss, they would not fail to notice that there was something wrong. They both knew me so well, but I was especially close to my grandmother. It must have been very hard for them to take full responsibility for an infant at their ages, and in their financial position. Now that I am an adult, I realize that age, lack of love, or lack of understanding was never an issue for them. They did whatever it took to provide for me when I needed it most as a young child. They provided a foundation for me that always remained strong, even when my life got hard later on. After I no longer lived with my grandparents, I remained a big part of their lives, and they of mine. So much of who I am today is because of what I learned from them

After the divorce, my grandfather moved out, and my grandmother had to sell the house. My grandmother was under a lot of stress and felt she could not offer me the stability that she was previously able to provide. She found my biological mother, who was living in Puerto Rico. She had remarried and had three other children, my half-siblings. My grandmother flew with me to Puerto Rico to show me where my new home would be. She said I was going to go live with my "real mother." "But you're my real mother!" I remember saying to my grandmother. We both tried to hide the hurt we felt when she left me there, but that was what she felt was best for me at the time. For the next several years, I lived with my mother and half-siblings in Puerto Rico. In many ways, these were not happy years, as my mother was emotionally unstable, and turned to alcohol and drugs to cope. Although life with my mother was usually in upheaval, my grandmother continued to provide a sense of emotional stability for me even though she was far away. She always kept in touch with me and I never doubted that she loved me unconditionally.

When I was a young teenager, my mother moved with me back to the States, and eventually abandoned me. I lived on my own for several years. When I was 20 years old, I was legally adopted by someone who had helped me through some very hard times. Throughout the years, however, my grandmother has continued to be a vital influence in my life. Now, I have two mothers: my birthmother and my adoptive mother. But I have only one Mommy, and that's my grandmother.

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I am now 21 years old, and live a happy and fulfilling life. If I could go back to my childhood and change just one thing, I would be to give more to the two people who made it possible for me to grow to be who I am today. What I have learned from this experience is that a true parent is not necessarily the person who gives life to a child, but rather the one who guides that child through living it.

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Meeting Five: Providing Guidance and Discipline

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CAREBOOK

A Tradition of Caring

Providing Guidance and Discipline

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Providing Guidance and Discipline

Meeting Goals and Objectives

Goals

Participants will:

- Understand the need and purpose of discipline in the care of children
- Understand how the agency could help them as a team member in the area of behavior management
- Understand the issues related to licensure, assessment or certification

Objectives

Participant will be able to:

- Identify and categorize the various routines in their home
- Explore beliefs about discipline and rules
- Identify and describe the principles of social learning
- Define each of the different forms of discipline
- Apply disciplinary techniques in parenting scenarios
- Describe different behavior management techniques
- Identify guidelines for dealing with dangerous behaviors
- Develop an individualized action plan for discipline to implement at home

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Providing Guidance and Discipline: Agenda

Part I: Approaching Behavior Management

A. Welcome, Review of Goals and Objectives, and Caring in Action Plan

B. Examining Our Routines and Expectations

C. The Purpose of Discipline

D. Exploring Beliefs About Discipline

E. Telling Our Story

Part II: Behavior Management Techniques

F. Understanding Children's Feelings and Behaviors

G. Principles of Social Learning

H. The Range of Discipline Methods and Techniques

Part III: Behavior Management Considerations for Children in Kinship Care

I. The Impact of Physical Discipline on Children Who Have Been Maltreated

J. De-Escalation Strategies and Skills

K. Dealing with Dangerous Behaviors in Kinship Care

Part IV: Caring in Action

L. What This Means for My Family

M. The Important Role of Teamwork

Part V: Closing Remarks

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Our Household Routines

1. Our Routine at Breakfast

2. Our Routine for Dinner

3. Our Routine at Bedtime

4. What Rules Do We Have for the Following:

Homework

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5. Laundry

6. Chores

7. General Behavior

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Goals of Effective Discipline

1. Advance the child's development

2. Meet the child's needs

3. Teach ways to prevent and solve problems

4. Maintain and build the caregiving relationship

5. Help the child develop self-control and responsibility

6. Produce the desired behavior

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What We Know about Discipline and Rules

Below are nine statements concerning discipline and rules. Circle "T" if you believe the statement is true and "F" if you believe it is false.

T F 1. Children should never break rules.

T F 2. Children can often learn by breaking rules.

T F 3. Children who misbehave are bad.

T F 4. Adults should set rules for children.

T F 5. Discipline should be painful to children.

T F 6. Discipline and punishment are the same thing.

T F 7. Some children have a harder time than others following rules.

T F 8. Children who grow up with fair rules usually find it easier to follow rules.

T F 9. Children who grow up with unfair adults often find it harder to conform to fair rules.

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Common Feelings of Children in Kinship Care

To understand the behavior of your relative child now living with you, it helps to first understand what he or she is going through. In the turmoil of a broken family, children are almost always the most affected and the least prepared to understand or talk about what has happened. Instead, aggressive behavior in school, or a depressed or withdrawn demeanor around the house may be the outward results of these internal feelings. The types of behavioral problems a child experiences and their severity will depend on the individual child, on how much trauma she has gone through, and on the child's age and stage of development. Unless the child is an infant, rarely will they come into your home with little or no "emotional baggage," which is what gets manifested in behaviors that are both troubling and challenging for you as the caregiver. The better you understand these feelings, the better equipped you will be to help a child cope with them.

Grief and Abandonment

Every case of a relative raising a child is somehow about loss – for the adult and the child. The caregiver has witnessed their adult child, sibling, or cousin being unable to fulfill his or her parental responsibilities. For the children, whether the parent is absent due to drugs, imprisonment, mental illness, or death, there is a profound sense of loss and abandonment. Where there is loss, grief inevitably follows. The book *Grandparents as Parents* eloquently describes what children who have lost their parents go through:

> A child who is orphaned loses his parents once, and it is permanent and tragic. A child whose parents are in jail, in rehab, on the street or just missing, harbors a hope of returning to them but in the meantime loses them over and over again as they wander in and out of the child's life. Strange as it may seem, a sudden death may be easier for a child to handle than months or even years of not knowing. It is the difference between a clean break and prolonged uncertainty, and certainty is extremely important to children.*

Reassurance, nurturing and acceptance are what these children need, as well as consistency and a stable routine. Predictability and sameness are also important, so that the child learns to trust you and his new environment.

---

* de Toledo, S. & Brown, D.E. (1995). *Grandparents as Parents.* New York: The Guilford Press.

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Guilt

Children can feel tremendous guilt when a crisis happens in the family and a parent is suddenly absent. The crisis can be a divorce, an arrest, a suicide. Children have a narrow definition of cause and effect. It is natural for them to believe that the parent would not have left if only the child had been good, or did better in school, or had been more helpful around the house. In this distorted view, children often blame themselves for their parents' not taking care of them.

Conversely, the child may feel like a burden for imposing on the relative caregiver, particularly if she is the cause of friction between the adult couple now caring for her and siblings. Another cause of guilt can result from a child being placed with a relative against the wishes of the birth parent, as often is the case in child abuse and neglect cases. The child may feel like a pawn, split in her loyalties between love of her parents and the need to feel safe with a relative.

It is critically important for children not to feel they are somehow to blame for being cared for by adults other than the biological parents. Reassurance and positive reinforcement are the keys to building self-esteem, along with affection and praise from the caregiver.

Anger

Anger in children placed with others—whether foster parents, relatives, adoptive parents, or residential treatment providers—can have a variety of sources. Anger at their parents for not being there for them or for breaking promises, anger at the caregiver for not being their parents, anger at what they have suffered in their young lives up to now. If they have had little structure and discipline in their lives, they may resent the caregiver's attempts to impose rules, limits and structure.

It is not unusual for the caregiver to become the target for this anger, if for no other reason than they are living together and provide an easy outlet for these strong emotions. Helping the child verbalize these feelings can help diffuse them and prevent acting them out in a dangerous or destructive manner. In some extreme situations, professional intervention may be necessary. Anger that is extreme or disrupts the family's daily life is a sign of crisis. This is the time to seek professional counseling for the child and for the caregiver, in order to learn how to help the child with these intense emotions.

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Fear, Anxiety, and Insecurity

All children have fears of some sort –of the dark, being lost, the bogeyman. Children who have been abused and neglected, however, have personally lived many of these fears. These children know there are real things to fear because they have seen them. They are by nature helpless and depend almost entirely on adults to care for them and protect them. When their experience at such a young age includes being harmed by adults, fear, anxiety, and insecurity are already a part of their world.

Will they be abandoned again by this adult? Will they be cared for and safe, and if so, for how long? Will they even wake up in the same place they fall asleep?

Reassuring frightened children "takes time, patience and consistency—not just the consistency of reassuring words and hugs but of three meals a day, regular school hours, a stable routine."

Embarrassment

Some children are embarrassed at being raised by relatives, particularly grandparents, who are obviously so much older than the parents of peers. It is difficult for children to accept the fact that their situation is different and the reality that their parents were unable or unwilling to care for them. In some communities, it may be common knowledge that the child's parent is in jail or on drugs. Children can be cruel to one another and information like this can be used as ammunition. Sometimes the parent's presence itself is a source of embarrassment.

These are difficult situations to help a child with. However, children should not feel compelled to answer questions from others that make them uncomfortable. Their particular situation is private and only their business.

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Principles of Social Learning

1. Children behave the way they do because they have learned that behavior or because they have not learned alternative, more positive ways to act.

2. Children rarely learn from one cycle of doing and receiving consequences. Repetition over time is a necessary part of learning.

3. The more consistent and immediate the parent is in giving consequences, the faster the child learns.

4. There are three primary ways of learning: explaining, rewarding, and providing negative consequences.

5. Acknowledging positive behavior is as important as correcting negative behavior.

6. Set a good example for the child to follow. If you want the child to be on time, to speak softly, or to be polite, make sure you do those things, too.

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The Range of Disciplinary Techniques

These responses focus on relationship building and promoting self esteem

These responses use planning and preparation as a means to avoid negative behaviors

These responses use direct intervention to deal with behaviors; closely associated with discipline

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I Caught You! (Being Good!)

Verbal praise

Nonverbal praise

Sharing positive feelings and smiles

Rewards

Support

Encouragement

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Providing Encouragement

Category: Promoting Positive Behavior

Encouragement can be more effective than praise or reward—it implies reasonable expectations ("one step at a time"). Encouragement is given for effort or for improvement. An advantage to encouragement is that it can be used even if the child has not necessarily succeeded or totally achieved a goal. Encouragement may also be useful with children and youth who have a difficult time accepting praise.

Guidelines

1) Focus on internal evaluation—not external.

"You must be very proud of yourself."
"How do you think you are doing?"
"What kinds of things can you do so that you will be more pleased with this?"

(rather than "I'm so proud of you.")

2) Focus on contributions and appreciation—not value judgments.

"I appreciate the help you gave me."
"Your hard work sure did help the family."
"When you do ____, it makes my job so much easier."

(rather than "What a good boy you are!" or "What a good job you did!")

3) Focus on improvement—not winning or competition.

"You have really been practicing hard."
"I can see the progress you've made."
"Being part of a team takes work and dedication. You can do it."

(rather than "I'm so proud of you for winning!" or "You're a good basketball player.")

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Directions

Can you think of examples in your life when encouragement was particularly useful?

Identify a way to provide encouragement in the following situations:

Situation	Example
4 year old dresses himself in dirty pants, his sister's shirt, and mis-matched shoes.	_____ _____
15 year old completes school project and does an excellent job; however, project is late and she receives a failing grade.	_____ _____
11 year old makes a terrible mess while washing the family car.	_____ _____

Do you have any tips or hints about making encouragement more effective?

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Planned Ignoring

Category: Promoting Positive Behavior

Ignoring behavior is simply pretending that the behavior is not occurring. The caregiver does not look at, talk to, or respond to the child until the inappropriate behavior ends. Ignoring is particularly effective when the behavior is meant to gain attention. Attention seeking behavior continues as long as the adult responds. Ignoring provides no response and avoids encouraging negative behaviors. Young children often respond well to this technique.

There are several advantages to ignoring:

- Ignoring puts the responsibility for altering the behavior onto the child.
  - Ignoring gives the child time to think (whereas commands require that the child respond immediately)
  - Ignoring allows the child to save face—there is no confrontation or win and lose. The child makes the decision to stop the behavior because continuing it no longer provides a benefit.

Guidelines

1. Ensure that the behavior you are ignoring is appropriate to be ignored. Extreme behaviors and behaviors that are dangerous or could cause harm would not be appropriate to ignore (such as hitting).

2. Ensure that you will actually be able to ignore the behavior! If the behavior is so annoying to you that you are unlikely to continue to ignore it, then don't start the process. In doing so, you run the risk of actually increasing the intensity of the behavior. The child will learn that he or she must escalate the behavior in order for you to respond. If you start ignoring a behavior you must be prepared to stick to your plan.

3. When you first start withholding attention, the annoying behavior will, in all likelihood, increase for a while as the child continues to try to gain your attention.

4. Enlist others in contact with the child to also ignore the behavior.

5. The key to ignoring is consistency. Ignoring once, and paying attention the next time, will likely increase the behavior.

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6. Recognize the child as soon as the unacceptable behavior stops. Smiling, praising, and interacting with the child will support the positive behavior.

Directions

In what types of situations might ignoring be particularly effective in changing a behavior?

What are some behaviors that you would NOT want to ignore?

In what situations or with what types of children might ignoring not be effective in changing the behavior?

You can ignore the child by doing any of several things, such as turning and walking away, talking to another person, or involving yourself in another activity. List things you can do when the child engages you in the behavior you just listed above.

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Rules

Category: Promoting Self-Control

Rules are an effective means to convey our expectations. Rules provide a clear statement about what is expected in a situation. They define behaviors that we do not want to see. Rules help children to learn right from wrong and are useful in helping prevent problems from happening. And finally, rules make the world feel safe and predictable for children.

Guidelines

1. Prioritize and establish a few rules that are most important to the well-being and safety of the family. Too many rules can be overwhelming.

2. Involve family members in setting rules.

3. Make sure children understand the reasons for the rule. Remember that discipline is about learning.

4. Make sure the rule addresses the issue it is meant to address. (Consider the rule "Take no candy from a stranger" and whether or not such a rule truly addresses your concern.)

5. Make sure children understand exceptions to the rule. ("Don't interrupt" is a fine rule—except when there is a safety issue involved.)

6. Make rules positive and action oriented—save "DON'T" for specific safety situations. Children respond to action—not inaction. "Put your bike in the garage" is more effective than "Don't leave your bike in the driveway."

7. Ensure the rule is appropriate to the child's developmental level and grows with the child.

8. Only make rules that you know you can enforce. Limiting television and video games may be an admirable goal—but you must be prepared to deal with the consequences. It may be better to allow undesirable behaviors to continue than to establish a rule that you then ignore.

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Directions

- In what ways can you make children aware of the rules?

1. How might you turn these rules from a negative to a positive?

Negative	Positive
Don't leave the bike in the driveway.	Put your bike in the garage.
No candy before dinner.	
No snacks in the bedroom.	

- What types of rules would you establish as "priority" rules?

2. Give examples of rules that you would have difficulty enforcing.

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"Grandma's Law"

Category: Promoting Self-Control

Grandma's Law is named for the white-haired lady of folk wisdom who told her grandchildren, "You can have some pie *after* you eat your vegetables. Essentially, it involves requiring children to do something they would rather avoid as a condition for doing something they like. For example, the caregiver could let children know that they can watch television after they finish their homework. The key to using this technique is knowing that the privilege being held back is either something the child wants to do or was planning to do.

Guidelines

Grandma's Law works best when you speak in a friendly, positive and enthusiastic way. Note the following examples:

"Let's get those blocks picked up so we can read this story."

Rather than:

"If you don't pick up those blocks, I won't read you this story."

"Billy, you can't go out until you straighten out your room."

Rather than:

"Billy, your friends are outside. You can go out just as soon as you straighten your room."

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Directions

- Think about common problems a caregiver might encounter with a child where Grandma's Law might be effective. List them in the column labeled Do this first. Next, think of activities the child might look forward to that can be withheld until the required chore or task is done. List those in the column labeled Before you get to do this.

Do this first:	*Before you get to do this:*
_____	_____
_____	_____
_____	_____

1. In what types of situations might "Grandma's Law" be most effective?

2. When might "Grandma's Law" not be effective?

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Natural and Logical Consequences

Category: Responding to Out-of-Control Behavior

Natural and logical consequences are effective ways to intervene while maintaining respect for the child's ability to make decisions. Consequences rely to some degree on the natural order of life itself to teach lessons about the world. Consequences promote an understanding of how the world operates in relation to how a person behaves.

Natural consequences happen in response to a behavior and are often the result of rules of nature. If you leave your bike out in the rain, it will rust. When a child refuses to eat dinner, he will get hungry before bedtime. Natural consequences are particularly effective (especially with adolescents) because the adult is not imposing the consequences. A disadvantage is that they often take a long time to work. And sometimes the consequence is too severe: smoking in the bedroom may well lead to fire, but you probably don't want to test that out.

Logical consequences require that the caregiver impose a consequence for a given behavior. The consequence relates to the behavior that is not acceptable. For example, if the child leaves the bike in the driveway, his bike riding is restricted. **Restitution** is an example of a logical consequence. If the child destroys property, he must work to pay for the damage. **Removing a privilege** may also be a way of providing logical consequences. For example, if the child smokes in the bedroom, he no longer has the privilege of closing the door.

1. When using natural consequences, be sure the consequences are not too severe or place the child in any danger.

2. On the other hand, it is important that the consequences have some effect or meaning for the child. If the child leaves his or her toys outside and they are ruined—but the child has many other toys and doesn't care—then the consequence serves no purpose.

3. The number of privileges lost and the length of time for which they are removed should be matched to the age of the child and the seriousness of the particular behavior. Most parents make the mistake of taking away too many privileges for too long a time. This turns what might have been a good learning experience into one of lingering hostility and resentment.

4. Change takes time. It is not instant. You may want to jump in and "save" the child from experiencing consequences.

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5. Let the child make the choice. A child may choose to experience a consequence. Remember that this is a learning experience for the child. It is through making choices that the child will learn.

6. Don't lecture the child after the consequence occurs. Let the experience teach the child the lesson. Simply remind the child that she or he will have the opportunity to make different choices another time and discover which consequences the child prefers. Then treat the issue as closed.

Directions

Identify two situations where natural consequences might be effective.
Then provide examples of the natural consequence.

Situation	Natural Consequence
1)	
2)	

Identify two situations where logical consequences might be effective. Then identify an example of a logical consequence. Make one of these an example of restitution and one an example of removing a privilege.

Situation	Logical Consequence
1)	
2)	

When might natural and logical consequences be an inappropriate course of action?

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Time Out

Category: Responding to Out-of-Control Behavior

Time out involves physically removing a child from a situation that is dangerous and/or a situation where the child is exhibiting behavior that is not acceptable. Time out is one of the most misunderstood forms of discipline. The purpose is to allow the child reestablish self-control, to end unacceptable behavior, and to give the child an opportunity to consider the behavior and its impact. Time out should not be a punishment. However, it is one of the most intrusive and reactive methods of discipline. It should be used when you have determined that the child is truly not in control. You are, in effect, taking control for the child, and then allowing the child to take it back. If you use time out too soon, you do not allow the child to handle or divert frustration and anger on his or her own. Time out also provides you—the caregiver—an opportunity to gain control of your feelings.

Guidelines

1. Take time to gain your composure and self-control.

2. Give the child an opportunity to change the behavior.

3. If these efforts fail, tell the child where to go for a time out. The spot should be free of stimulation and removed from the activities of the household.

4. Tell the child how long the time-out will be, but explain that you will only begin timing when he or she becomes quiet. A rule of thumb is that time out needs to be the same number of minutes as the age of the child (developmental age—not necessarily chronological age). But keep in mind that for some children this may be too long.

5. Ignore the child's behavior while in time out. If the child gets up, calmly place or guide the child back to the chair, explaining you will start the timer again. This may occur repeatedly. Respond to this calmly and matter of factly.

6. Once the time out is over, simply note to the child that he or she is in control again, and therefore may go play. But do not reward the child. After a difficult time-out you may feel guilty, but don't confuse the child now by offering special rewards.

7. After a period of time has passed, process or talk to the child about what happened. Help and guide them to learn from the experience.

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Directions

1. In what types of situations might time out be most effective?

2. In what types of situations would time out not be appropriate for a child?

3. What is the most challenging aspect for the disciplinarian using time-out?

4. What type of space would you use in your home for time-out?

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Side Effects of Physical Punishment

Children who have been sexually abused, physically abused, or neglected, are at risk for a number of side effects.

Children who have been physically abused usually respond to physical punishment in one of the following ways:

- They are so used to being physically and emotionally hurt that they do not feel the pain. Therefore, they have to be hit or spanked harder to feel any effects.
- They may find pleasure or relief in getting the spanking, because it is the only way they have learned to get attention.
- Physical punishment models aggressive behavior. It teaches children that the method a bigger person can use to stop the behavior of a smaller person is to use physical force. We do not often see an adult use physical discipline with a child bigger than the adult. Likewise, we do not often see a smaller child hitting a bigger child.
- Physical punishment teaches children what not to do instead of what to do.
- Physical punishment hurts children, and children who need foster care already have been hurt enough.
- For children who have been abused, spanking or slapping them can be terribly damaging. And sometimes, of course, a caregiver will not know for certain whether a child has been physically or sexually abused until the child's behavior in the home so indicates. Therefore, using alternatives to physical punishment has two important benefits. First, it minimizes the risk of additional hurt to a child. Secondly, it helps break the intergenerational cycle of physical abuse.

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De-Escalation Skills and Strategies

Preventative

Know that change represents stress to a child. In periods of change build extra structure into the child's routine and plan to spend additional one-on-one time with the child.

Identify situations and periods that are most stressful to the child. Use structure, activities, talking, or the use of "safe space" to assist the child.

When the chaos of the house becomes overwhelming, use "safe space" and/or separate the child from the chaos.

Be alert to signs that behavior among children is escalating. Separate children to calm the situation.

Work to create a safe and calm environment in times of stress. Turn the television off. Play soothing music. Lower the lights. Speak in a calm and soothing voice.

Assure children of safety.

De-escalating the crisis

Avoid a battle. This is a not a question of authority—this is an emotionally distraught child whose behavior is out of control. Now is not the time to prove "who's in charge."

Appear calm and controlled. When children sense that a caregiver is out of control, this escalates their anxiety and thus their behavior.

Allow time and listen. Acknowledge the anger.

Allow the child his or her personal space. Do not move in quickly. Do not touch the child without his or her permission.

Set limits calmly, firmly, and with an expectation that the child will obey.

Ask the child what would help him or her to feel better.

When the child is yelling, do not try to yell over him/her. Wait until there is a break.

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Do not demand that the child make eye contact. Do not maintain eye contact with the child for long periods of time.

Try to negotiate easy ways for the child to save face. (Don't reinforce that you are right and the child is wrong. Don't continue to talk about the child's behavior.)

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Dealing with Dangerous Behaviors

Introduction

There are times when a child or young person acts out in such a manner that outside help is both needed and appropriate. In these situations, the caregiver must react quickly and with the knowledge that what they are doing is in the best interests of the child, the caregivers, and others.

Many professionals involved with children in out-of-home care feel that most of them could benefit from some kind of counseling to handle the adjustment, even as a preventive measure and outlet to share their feelings about their circumstances.

How do you determine if your grandchild, nephew, or niece needs outside professional help due to their behavior? The following has been adapted from Grandparents as Parents and is a generic guide to accessing appropriate help for a child in your home.

You should be concerned if any of the following statements describe your relative child:

- The child has been physically or sexually abused
- The child begins to remember past abuse that you were unaware of when something triggers the memories and a flood of painful emotions is released
- The child seems depressed and this condition persists over time
- The child is expressing extreme fear or anger
- The child is beginning to act out sexually
- The youngster is constantly fighting or exhibits cruel behavior toward siblings, peers, or pets
- The child exhibits a combination of bed-wetting, fire setting, and cruelty to animals.
- The child becomes self-destructive, talks about hurting himself or shows hints of wanting to die
- The young person begins a pattern of running away from your home and remains gone for extended periods

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This resource will need to be developed further in regard to specific guidelines for the caregiver to follow in the event of any of the above dangerous or serious child behaviors. Even though specific jurisdictions may vary regarding protocol, you can probably develop some generic guidelines for child welfare cases, such as the following:

Immediately contact the child's caseworker, if the caseworker is not available, try to reach the supervisor or on call person to involve local law enforcement if the child is a danger to self or others document behaviors and statements as accurately as possible etc....

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Caring in Action: Re-thinking Discipline

Child's Name:_____

Instructions: Think of up to three disciplinary challenges you experience most often with the children in your care. Describe these problem behaviors below. Review disciplinary strategies we have just covered on Resources 10-16. There are others identified on Resource 8 that you may be familiar with that we did not address today.

Decide which strategy you can use the next time each problem behavior occurs.

Continue to use the strategy in response to the problem behavior for at least the next 30 days. To determine whether is has been successful.

Problem Behavior

#1:_____
_____
_____

Disciplinary strategy that I will use:_____
_____
_____

#2:_____
_____
_____

Disciplinary strategy that I will use:_____
_____
_____

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#3:_____
_____
_____

Disciplinary strategy that I will use:_____
_____
_____

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Catherine's Story

I dreamed for years about becoming a grandmother. However, becoming one before age 40 with both of my children still in their teens was not part of that dream. When my son, age 18, informed me that his girlfriend was pregnant and they intended to get married for the sake of the baby, I was troubled and confused. However, I did my best to support them in their plans. Within a six-month time period, John and Kathy were married and the baby was born. I'll never forget the joy I felt at holding my first grandchild just a few minutes after her birth. I was part of Catherine's life from the very beginning She spent her first night out of the hospital at my home and I kept her at least one night a week. For a few weeks, it seemed that everything might be ok. This illusion was shattered when baby Catherine was just three months old and my son and his wife separated. My daughter-in-law slowly fell apart after her marriage went bad. Catherine was in a multitude of day cares and lived in numerous apartments during her first year of life. I worried for my son, my daughter-in-law, and especially for Catherine. I did everything possible to support Kathy so that she could parent Catherine and they could stay together. When Catherine was two years of age, my daughter-in-law asked if I could have Catherine stay with me for a few weeks "until she could get herself together." The weeks turned into months. I learned that Kathy was using drugs and that she was being evicted from her apartment. Catherine was traumatized by the lack of stability, and she showed signs of having been abused. She often asked questions like "Where will I be going to school next year?" or "Where will my next room be?" After a year, I met with my son and daughter-in-law to discuss Catherine's future. This was such a painful conversation for all of us. For John and Kathy, it was extremely difficult to admit that they could not offer their child the love, stability, and care she deserved. After thinking about Catherine's best interests, both of her parents made the decision to release her legally, so that she could be adopted and live with me permanently. She was four when this decision was made. Catherine is now a bright and beautiful ten-year-old. My son is still "Daddy" to her, and he sees her at least weekly. Catherine's birthmother lives in another state, and we take Catherine to visit her several times a year. I am convinced that under the circumstances, things worked out as they needed to. But at times it has been difficult for all of us, including Catherine. I've put my plans for early retirement on hold, and for now am busy juggling my career and parenting Catherine. I feel that I lost a grandchild, and that was painful for me. However, I've gained a daughter who brings me so much joy, challenges me to stay young, and has helped teach me what counts in this life.

Lisa Cook, FL

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Meeting Six: Maintaining Family Connections

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CAREBOOK

A Tradition of Caring

Maintaining Family Connections

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Maintaining Family Connections

Meeting Goals and Objectives

Goals

Participants will:

- Understand the need for children in kinship care to redefine and maintain connections with birthparents, siblings, and extended family members.
- Understand challenges that maintaining these connections can present.
- Understand the need for kinship caregivers to maintain their own family connections.
- Understand how the kinship experience can impact and change the kinship caregiver's family relationships.
- Understand the role of the child welfare agency in supporting and monitoring contact between children associated with the agency and parents, caregivers, or other family members.
- Understand how information related to this session will be used in the assessment, licensing, or certification process.

Objectives

Participants will be able to:

- Identify existing family connections for children in their care.
- Identify the need to establish or strengthen family connections that have been broken, are stressed, or are weak, both for themselves and the children in their care.
- Develop an individualized action plan to address identified needs.
- Describe the role and authority of the child welfare agency in determining the type and amount of contact allowed between children associated with the agency and offending parents, caregivers, or other family members.
- Describe how the meeting content addresses the agency foster care, assessment, licensing, or certification process.

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Agenda

Part I: Welcome and Caring in Action Discussion

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

B. Caring in Action Follow-up

Part II: Telling Our Story

C. My Child's Family Circles

Part III: Separation Does Not Mean Goodbye: The Importance of Ongoing Family Connections for Children in Kinship Care

D. Information that Helps

E. What this Means for My Family

F. Caring in Action

Part IV: The Caregiver's Changing Connections

G. Information that Helps

H. What this means for my family

I. Caring in Action

Part V: The Role of the Child Welfare Agency in Supporting Family Connections

J. Understanding the Agency's Role

K. Making Connections with Assessment, Licensing, or Certification

Part VI: Closing Remarks

L. End the Session

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My Child's Family Circles

What does this diagram tell about your child's family connections?

Brothers and Sisters

Mother and Father

Paternal Grandparents

Maternal Grandparents

Extended Family (Aunts, Uncles, Cousins)

Extended Family (Aunts, Uncles, Cousins)

Others

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Understanding My Child's Family Circles

Discussion Guide

1. Where are the strong, solid connections?

2. Does my child have a number of strong connections?

3. Where are the weakest connections?

4. What makes them weak?

5. Are there connections that need to be strengthened or re-established?

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Caring in Action, Part I

Child's Name:_____

1. I am committed to work on strengthening the connection between this child and the following person:

_____

2. I will do the following: (Check all that apply)

____Talk with this person about why this connection is important
____Talk with the child about why this connection is important
____Set up a visit
____Help the child write a card or letter to this person
____Help the child call this person
____Other:

3. I will seek the following help in strengthening the connection between the child and this person:

_____
_____
_____
_____
_____

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My Family Circles

Parents

Others

Spouse/ Significant Other

Aunts, Uncles

Me

Other Extended Family

Cousins

Children

Brothers/ Sisters

1. How have my family connections changed since I became a kinship caregiver?
2. Are there connections that need to be strengthened or re-established?

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When the Agency is Involved...

Directions:

Step 1. Choose someone to serve as the note-taker and reporter for your group.

Step 2. Read the scenario assigned to your group.

Step 3. Decide on the best response to each of these three questions:

1. Should the Child Welfare Agency social worker be notified of this situation?

2. What are the primary concerns in this situation?

3. What might be the best outcome in this situation?

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Caring in Action, Part II

1. I am committed to work on strengthening the connection between myself and the following person:

_____

2. I will do the following: (Check all that apply)

____Talk with this person about why this connection is important
____Talk with this person about how our relationship can be redefined or rebuilt
____Visit this person
____Write a card or letter to this person
____Call this person
____Other:

3. I will seek the following help in strengthening the connection between myself and this person:

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SCENARIOS:

1. Joyce Bell recently agreed to take her three grandchildren, ages 2, 3, and 5, when she learned that they were about to be placed in foster care. The children's mother (Mrs. Bell's daughter) was charged with child neglect after the children were physically abused by the mother's boyfriend. This morning Louisa Jones, the paternal grandmother of the oldest child, called and asked if her grandchild could spend the night. Mrs. Bell knows Mrs. Jones from church and feels that visiting with her would be good for her grandchild.

2. Janice and Murray Campbell are in the process of legally adopting Janice's nephew Jamal, age 9. Jamal was placed with the Campbells by the Child Welfare Department after both of his parents died of AIDS. Jamal has a half-sister, Jamie, age 14, who lives with her paternal grandmother in the next state. Jamie's grandmother calls the Campbells and asks if Jamal can come and stay with them for a few weeks during the summer. Jamie is having a lot of trouble in school and seems depressed. The grandmother thinks it would do her good to have some time with her brother.

3. Sarah Cummings has cared for her granddaughter, Sherry, for almost a year. Sherry is now age 4. The Child Welfare Department has been working with Sarah's daughter (Sherry's mother), Natalie. They have helped Natalie find an apartment and a job. She is working to regain custody of Sherry within the next few months. Natalie is allowed to see Sherry as often as she chooses. Yesterday, Natalie showed up at Sarah's house to visit. Sarah noticed that Natalie seemed to be drinking again. She smelled of alcohol and appeared to be intoxicated.

4. John and Mary Cook are caring for their grandchildren Mark and Cathy, ages 11 and 13. The children were placed with the Cooks by the Child Welfare Department after they were found to be sexually abused by their father, the Cooks' son. The children have not been allowed to see their father since being placed with the Cooks over 3 months ago. There are child sexual abuse charges pending on Joe Cook, the children's father. Joe Cook insists that he never abused his children. The children refuse to discuss what happened. John and Mary Cook want what's best for their grandchildren, but they also love their son and want to believe him. This morning, Joe called to say that he would be stopping by to see the children. Mark and Cathy say that they want very much to see their father.

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SCENARIOS:

5. Kelly Brown, age 29, is caring for her younger half-siblings, Kay and Jerome, ages 13 and 17. The Child Welfare Department placed the children with Kelly after their mother died of a drug overdose 9 months ago. Jerome is doing well, holds a job, and is about to graduate from high school. Kay, however, is having a difficult time. Last night she left and did not return home until after 3:00 AM. Kelly feels unable to deal with Kay's behavior, but does not want her to be placed in foster care. She is considering asking Kay's father, who lives nearby and visits with Kay occasionally, to let Kay move in with him and his family.

6. Joanne White assumed responsibility of her great-grandson, Willie, age 9, last year. Mrs. White's grandson, William (Willie's father), was charged with child abuse after he broke Willie's arm while using drugs. He moved to another state and has had no contact with the family since that time. Willie's mother, Karen, left Willie's father when Willie was a toddler, leaving Willie with his father. Karen is now living with another man. Karen is allowed to have unsupervised visits with Willie. Each time Willie visits with his mother, he returns to his grandmother's home upset and misbehaving. He tells Mrs. White "you're not my mother and I don't have to do what you say."

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A Celebration of Caring

My life as a caregiver began seven years ago. Little did I dream my husband and I would be raising our son's three children. They were our precious grandchildren who were only allowed to visit as their mother allowed. Then one day the police brought them to our home and Child Protective Services said the children would be with us until their parents finished a six month program, which included going to counseling, a drug program and a parenting class. The boys were six and seven years of age and our granddaughter was two.

The children seemed to be afraid to be alone and did not want to go to sleep. The boys would finally fall asleep about midnight, and I would rock our granddaughter to sleep by 2:00 AM. My husband and I would sleep on the sofa. After all, why go out and buy beds, when the children would be going back to live with their mother soon?
After a few months of sleeping on the sofa and the parents not always showing up in court, we decided to turn my Porcelain doll workroom into a bedroom for the boys. Our granddaughter was moved into our adult daughter's bedroom.

Life was changing. I had to stop making my porcelain dolls. The prayer meetings I used to attend were now replaced by Grandparent meetings. I spent a lot of time calling experienced foster parents to find out as much as I could as to why the children were so afraid to be alone and why they couldn't sit still when eating their breakfast, lunch or dinner. We would find food hidden in different places in our home. When given meals, they would swallow the food down and eat as if for two or three. We later learned that the children had not been given three meals a day at home. They only ate when they went to school.

Since our children were all grown I was accustomed to cooking for two or going out for dinner whenever we wanted. My husband and I would take mini vacations away from home each month or two. All that changed, as I was
now buying and cooking in large quantities. I worked daily with the children on their speech, as the two youngest did not know how to pronounce their words correctly and received speech therapy. After going to court for two and a half years and seeing that they would now be staying with us for the foreseeable future we bought our first van.

When you love someone as much as we love the grandchildren, you are
willing to change your lifestyle. It takes a lot of love and patience to raise abused children, as they release the anger they feel inside to those with whom they feel safe. It was hard, because when they would see their parents they would release their anger out on us instead of their parents.

Being a grandparent raising abused grandchildren is not what we planned for our senior years, and yet there have been many rewards. The boys were failing kindergarten and first grade when they first came but eventually got into the honor roll in school. They now talk about attending college some day.

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Watching the children laugh and smile is a great reward. When they first came they would pull quickly away from our family gatherings. They now no longer pull away, and can hug and show love with a smile. The children are not perfect, and they still get into their brother and sister arguments, but that is part of being a child. They have come a long way and have a long way to go, as we do.

We take them to therapy but I really believe the Caregiver gives the best therapy as you try to learn as much as you can to help the children, be it by reading books or just by being there for them. We attend grandparent-relative meetings to learn as much as we can about being a kinship caregiver.

Talking to other relative caregivers helps as we teach them what we know and they teach us what they have experienced. There are books to read, when I can find that quiet time, and the Internet has many interesting sites.

It takes a lot of patience, love, understanding and time in raising children. We need to be examples to children, which is why all of them have chores that they are expected to do each day. Would we ever give up raising the children? No, unless the parents really showed their lives were totally changed for the better. I believe every grandparent's dream is to see their own children raising their own children with love and respect. Being a relative caregiver is not the easiest role in the world but it has many rewards. I believe that someday we will look back to these days, and say "Aren't we glad we persevered!"

Lucy R. Villalpando
Caregiver

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Meeting Seven: Connecting Children to Safe, Nurturing, Lifelong Relationships

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A Tradition of Caring

Connecting Children to Safe, Nurturing, Lifelong Relationships

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Connecting Children to Safe, Nurturing Lifelong Relationships:

Meeting Goals and Objectives

Goals

Participants will:

- Understand a child's needs for permanent connections.
- Understand how caregivers and birth parents can work together to alleviate loyalty conflicts.
- Know the legal options that are available to kinship caregivers.
- Understand the child welfare agency's responsibility to make permanent plans for children in its custody.
- Understand the role of the caregiver on the permanency planning team.

Objectives

Participants will be able to:

- Identify the four foundations for permanence; and the challenges kinship caregivers may face in meeting children's permanency needs.
- Describe the different types of legal relationships that kinship caregivers can have with the children in their care.
- Describe the advantages and disadvantages of each legal relationship for kinship caregivers and the children in their care.
- Identify unmet needs of children in their care for safety, a sense of belonging, a sense of security, and the ability to keep connections with people they love.
- Identify help they and others can give to meet children's permanency needs.
- Describe the dual mandate of the child welfare system.
- Identify important provisions of the Adoption and Safe Family.
- Describe the role of caregivers as members of the permanency planning team.
- Identify ways that the agency can support kinship caregivers in their role as a permanency planning team member.

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Agenda

Part I: Welcome and Caring in Action Discussion

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

B. Caring in Action Follow-up

Part II: Telling Our Stories

C. The Importance of Safe, Nurturing, Lifelong Relationships

Part III: Permanency Options for Kinship Caregivers

D. The Challenges of Providing Children with a Sense of Permanence

E. Meeting Permanency Needs

Part IV: Legal Relationships in Kinship Care

F. Legal Options

G. The Permanency Needs of the Child in my Care

Part V: The Agency's Responsibility to Make Permanent Plans

H. The Dual Mandate of the Child Welfare System

I. The Permanent Plan for the Child in my Care

Part VI: The Important Role of Teamwork

J. Working Together to Support Safe, Nurturing, Lifelong Relationships

Part VII: Closing Remarks

K. End the Session

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Thinking about the Importance of Safe, Nurturing, Lifelong Relationships

The four foundations of permanency are safety, a sense of belonging, a sense of security and the ability to keep connections with people you love. Think about your life experiences and answer the following questions:

Thinking About Safety

1. What made you feel safe as a child?

Thinking About Belonging

2. Think about yourself as a child. Most people in the neighborhood knew what family you belonged to. How did they know?

3. What did belonging to a family mean to you?

Thinking About Feeling Secure

4. Did you ever worry that someone would take you away from your family? If so, how did this worry affect you?

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5. What made you feel secure in your family? What did feeling secure mean to you?

Thinking About Lifelong Attachments

6. What people from your childhood do you still have contact with today?

7. What does having contact with these people mean to you as an adult?

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Legal Relationship in Kinship Care

Informal Kinship Care Is...

In informal kinship care, the kinship caregiver assumes care of the child without obtaining legal custody. Informal kinship care is usually an informal agreement between the kinship caregiver and the birth parent.

The kinship caregiver has physical custody and responsibility for day-to-day care.

The birth parents have legal custody and the authority to make important decisions for the child.

The birth parents have parental rights.

Legal custody: birth parents

Parental rights: birth parents

The kinship caregiver may apply and may be eligible for public assistance.

Formal Kinship Care Is...

In formal kinship care, the child welfare agency obtains custody of the child through a court proceeding or through a voluntary agreement with the birth parent. The kinship caregiver acts in the role of an agency sponsored foster parent for the child.

The kinship caregiver has physical custody and day-to-day care.

The Child Welfare Agency has legal custody and the authority to make important decisions for the child.

The birth parents have parental rights unless they have been terminated by the court.

Kinship caregivers can receive foster care payments and health insurance for the child in their care.

Legal Custody Or Guardianship Is...

A kinship caregiver obtains legal custody or guardianship through a court proceeding that grants them the responsibility and authority to make important decisions for the child.

The kinship caregiver has physical custody and day-to-day care.

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The kinship caregiver has legal custody and the authority to make important decisions for the child.

The birth parents have parental rights unless the court has terminated them.

Kinship caregivers may apply and may be eligible for public assistance. If the agency has sponsored the guardianship proceedings, the kinship caregiver may receive guardianship subsidy in some states.

Adoption Is...

When kinship caregivers adopt, all parental rights and responsibilities are permanently transferred to them through a court proceeding. Adoption requires that the parents' rights be legally and permanently terminated.

The kinship caregiver has physical custody and day-to-day care.

The kinship caregiver has legal custody and the authority to make important decisions for the child.

The birth parents' parental rights are permanently terminated.

Adoptive parents are financially responsible for the child's support. They may apply and be eligible for assistance but their assets will be taken into consideration to determine eligibility. If the adoption was sponsored by the child welfare agency, the kinship caregiver may receive adoption subsidy.

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What This Mean for My Family: The Permanency Needs of the Child in My Care

Write the answers to the following questions about your child's sense of safety, belonging, sense of security and ability to keep connections with people who are important to him or her.

1. Where does the child in your care feel safe?

2. Where does the child in your care feel like he or she belongs?

3. Does the child in your care experience loyalty conflicts?

4. Where does the child in your care believe that he or she will grow up?

5. What makes the child in your care feel insecure?

6. Identify any important connections that the child in your care has lost with important people.

Circle the kinship relationship you currently have with the child in your care.

Informal Kinship Care	Formal Kinship Care
Legal Custody	Adoption

7. How does this relationship affect you ability to make the best decisions for the child in your care?

8. How does this relationship affect your feelings of security about the future?

9. How does this relationship affect your ability to get the supports and services you need?

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Caring in Action: Meeting The Permanency Needs Of The Child in My Care

Describe the Needs in the Following Areas for the Child In Your Care	Help I Can Give	Help Needed From Others	Action Steps Needed
Safety			
Belonging			
Security			
Keeping Connections			

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The Adoption and Safe Families Act

The Adoption and Safe Families Act of 1997 was passed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. Some of the new provisions of the law that will affect permanency planning for children in agency foster care are:

10. Reasonable efforts must be made to preserve families before agencies remove them from their families and once removed, reasonable efforts must be made for the child to safely return home. In making such efforts the child's health and safety must be the paramount concern.

11. Agencies do not have to make reasonable efforts to reunify families under certain specific circumstances when the child or a sibling has been severely abused or the parent has previously had parental rights terminated. In these cases, a permanency hearing must be held within 30 days and the state must make reasonable efforts to place the child in a permanent placement.

12. Permanency planning hearings must be held within 12 months of the child's entry into care. At the hearing, a permanent plan must be determined. The plan may be reunification, adoption, guardianship or other planned permanent living arrangement.

13. A petition to terminate parental rights must be filed on behalf of any child, regardless of age, who has been in foster care 15 out of the last 22 months.

14. Exceptions can be made if the child is cared for by a relative, there is a compelling reason why filing is not in the best interest of the child, or the agency has not provided services to the family.

15. States are permitted to place a child for adoption or in another permanent placement concurrently with the efforts to reunify the child with his or her family.

16. Foster parents, pre-adoptive parents, or relatives caring for a child must be given notice of and opportunity to testify at any reviews or hearings involving the child.

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My Child's Permanency Plan

Circle the current permanency goal for the child in your care:

Reunification with the parents Adoption or Guardianship

Long Term Kinship Care Other

1. Think ahead to when the goal is achieved and describe where you think the child will be living and who will be taking care of him or her:

2. What connections do you hope the child will be able to keep?

3. How will achieving this goal affect the child?

4. How will achieving this goal affect you?

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Working with Others to Make the Best Permanency Plan

Important People Involved in Making the Permanent Plan Work	Information I Can Give	Help I Can Give	Help Needed From Others	Action Steps Needed
Child's Mother				
Child's Father				
Social Worker				
Court Personnel				
Others				
Me				

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A Celebration of Caring

Hi, my name is Marial, and I am 11 years old. My brother and I live with our great-grandmother and our aunt. Mostly, my great-grandmother takes care of us. We call her Mama. We have lived there since I was about five, and my brother was just born. Our real mother has a lot of problems, and she takes drugs. When I lived with her, things weren't so good. Now things are better. My real mother comes here sometimes and sees us, but she doesn't live here. Here is what I like about living with Mama: She takes good care of us; she cooks really good; when my brother is sick, Mama takes him to the doctor; Mama helps me with my homework, even though she has some trouble with the math sometimes. Mostly, I know my Aunt and my Great-Grandmother love my brother and me. Mama tucks me in every night and hears my prayers. Sometimes I miss my real mom, but I know it's the best for things to be this way. I like living with my Mama very much, and I want to live here until I grow up.

Marial G., CA

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Meeting Eight: The Kinship Experience: Family Change

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CAREBOOK

A Tradition of Caring

The Kinship Experience: Family Change

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The Kinship Experience: Family Change

Meeting Goals and Objectives

Goals

Participants will:

- Explore the role of family and friends in their own families of origin.
- Describe how roles have changed for the child, birth parent and relative caregiver. as a result of placement.
- Develop an Action Plan for increasing social support for their family.
- Address issues related to licensure, assessment or certification.

Objectives

Participants will:

- Identify social supports through the Social Network Map.
- List services available to them and the child in both the professional and informal community.
- Identify how the child welfare agency could help as a team member in supporting them as caregivers.
- Describe changes in their own lives and those of the child and birth parent that have occurred as a result of the kinship experience.

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Agenda

Part I: Family Change through the Kinship Care Experience

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

B. Caring in Action Plans and Life Changes

C. Changing Roles in the Kinship Triad

Part II: The Importance of Social Supports

D. Looking at Social Supports in Our Own Lives

E. The Social Network Map: What Does the Child's Look Like?

Part III: Caring in Action

F. What can Professionals and the Informal Community Offer Us?

G. What Does this Mean for Me and My Family?

Part IV: Closing Remarks

H. End the Session

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Life Changes in the Kinship Triad

Child: _____ **Age:** _____

	3 Years Ago	Now	3 Years Ahead
School/ Friends			
Relationship w/ Birth Parent(s)			
Neighborhood/ Housing			
Basic Needs (food, clothing, medical care, etc.)			

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Myself/ Spouse:_____

	3 Years Ago	Now	3 Years Ahead
Health			
Leisure Time			
Relationship w/ Adult Children			
Finances/ Work			
Future Plans			

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Birth Parent:_____

	3 Years Ago	Now	3 Years Ahead
Finances/Work			
Health			
Social Life			
Family Relationships			
Parenting Responsibilities			

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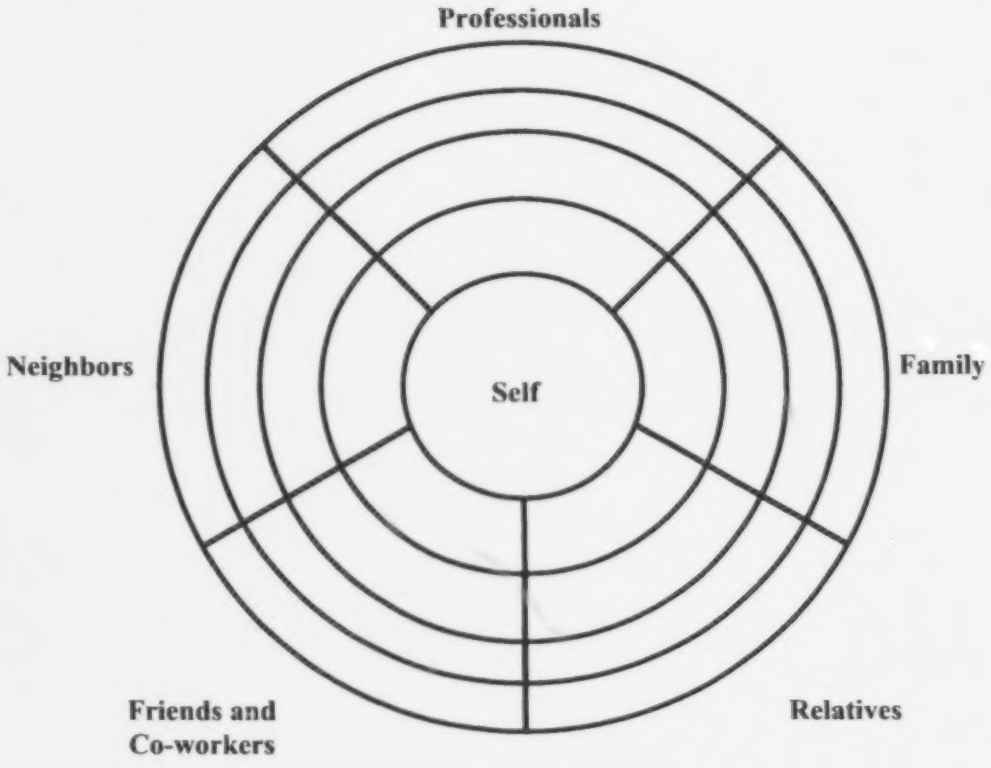
The Social Network Map



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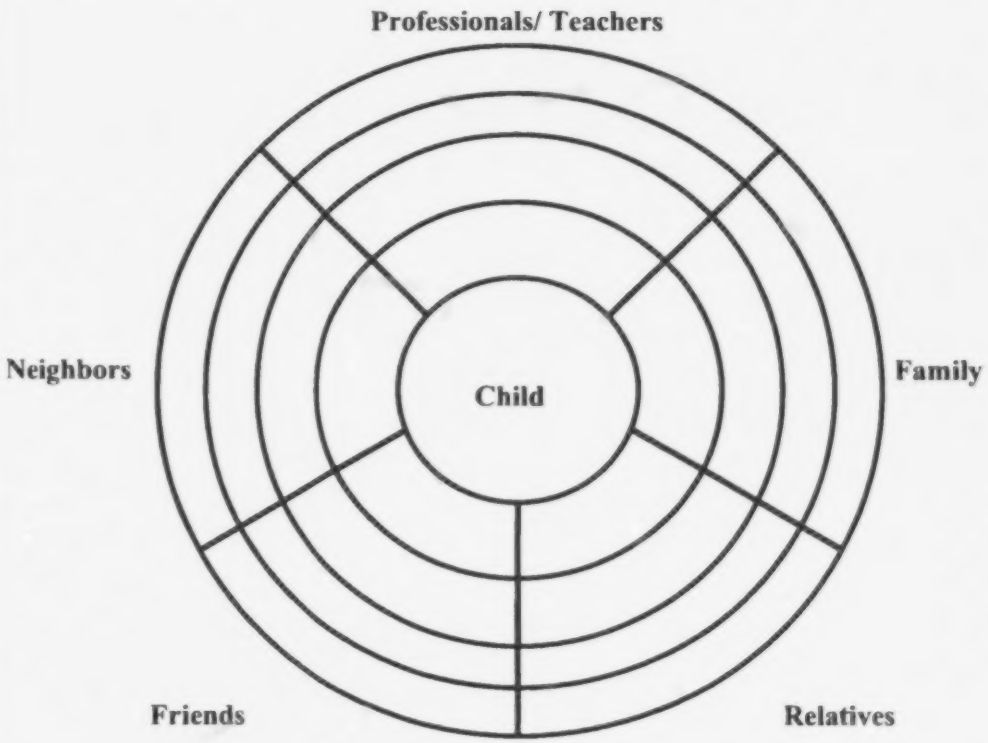
The Child's Social Network Map

Child's Name: _____ **Age:** _____



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Caring in Action Plan

Hopes and Fears for the Child

As you look at the hopes and fears you have for the child three years from now, what individuals, agencies or programs could help to increase the chances that your hopes will come true?

	Person or Agency/Program	How They Could Help
1.		
2.		
3.		

The One Thing I Will Do Now To Engage One of the Above to Help Us:

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Caring in Action Plan

Hopes and Fears for Myself

As you look at the hopes and fears you have for yourself/spouse three years from now, what individuals, agencies or programs could help to increase the chances that your hopes will come about?

	Person or Agency/Program	How They Could Help
1.		
2.		
3.		

The One Thing I Will Do Now To Engage One of the Above to Help Us:

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Caring in Action Plan

Hopes and Fears for the Birth Parent

As you look at the hopes and fears you have for the birth parent three years from now, what individuals, agencies or programs could help to increase the chances that your hopes for the parent will come about?

	Person or Agency/Program	How They Could Help
1.		
2.		
3.		

The One Thing I Will Do Now To Engage One of the Above To Help the Parent:

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A Celebration of Caring

Taking it Day By Day

My sister was an IV-drug user who developed AIDS at the age of 29. She died last year when she was 32, leaving her four children behind. Before she died, my sister asked if my wife and I would take the children. Of course we said yes, although with two of our own, money and space is tight. The past year has been very difficult. The youngest two of the children were born with HIV, and are sick most of the time. My sister was ill when she had the last two children, so they never got to know her. The oldest two are ages five and six, and they miss their mother really bad. Although we can't find the children's father, they do know their grandmother on that side. She can't really take care of them, but she does love them and they see her every month at least. My wife and I have gotten involved with the kinship support group, and it has been a lifesaver for us. Everyone there understands how things are, and can relate to us. We also receive some support (not enough though) from the Social Services office for the children. I went to work nights so either my wife or I could be home with the children. We also had to get a larger apartment, but it's in a bad neighborhood. Even though things are hard, they are also good. Just seeing the little ones laugh and play lights up my day. I know we are giving them a future that they wouldn't have if they had been split up and put in foster homes. My wife and I take things a day at a time, pray a lot, and look for small miracles. That and our support group keep us going.

Jose Fernandez, FL

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Meeting Nine: Finding and Using Resources

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Getting Help Finding and Using Resources

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Getting Help: Finding and Using Resources

Meeting Goals and Objectives

Goals

Participants will:

- Understand the systemic barriers to finding and accessing needed resources.
- Know the categories of needs that help children and other family members feel safe, stable and happy.
- Know the types of services that are needed to provide safe, stable and happy homes for children and other family members.
- Know where to find needed services on a national, state and local level.
- Know the difference between informal and formal services
- Understand the process of negotiating informal and formal services.
- Understand the importance of taking care of themselves as kinship care providers.

Objectives

- Participants will be able to:
- Describe the categories of needed services.
- Identify informal and formal services.
- Identify the steps in negotiating informal and formal services.
- Describe specific ways to take care of themselves as kinship care providers.

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Agenda

Part I: Welcome and Caring in Action Discussion

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

B. Caring in Action Follow-up

Part II: Getting Help: A Day in the Life

C. Challenges and Barriers

Part III: Getting Help: What, Where and How

D. Needed Services and Supports

E. Where to find needed services

F. Advocating and Negotiating for services

Part IV: Caring in Action: Finding and Using Resources

G. What I Can Do

Part V: The Important Role of Teamwork (Optimal)

H. Working Together to Get Help

Part VI: Kinship Family Post-Assessment

Part VII: Closing Remarks

I. End the Session

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A Day in the Life…

Complete this story….

Ms. W. has recently become a kinship care provider for her three grandchildren--Stephen, 15, Leslie, 6 and Sharyn, 2. Ms. W. has a small one-bedroom apartment. She needs more space to keep the children comfortably living with her. She has decided to explore getting a larger apartment….

- What are the possible resources available to Ms. W.?
- What obstacles might she encounter?
- What might her feelings be as a result of this experience?
- What might be the eventual outcomes?

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A Day in the Life…

Complete this story….

Mr. and Mrs. K. have assumed care for Mrs. K's three-year old nephew, Jonathan. Jonathan's mother is addicted to crack-cocaine; her current whereabouts are unknown. Mr. and Mrs. K. have two adolescent children of their own who are both in middle school. Mr. and Mrs. K. have full-time jobs outside of the home. They need day care for Jonathan….

- What are the possible resources available to Mr. and Mrs. K.?
- What obstacles might they encounter?
- What might their feelings be as a result of this experience?
- What might be the eventual outcomes?

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A Day in the Life…

Complete this story….

Ms. S cares for her two grandchildren, Tiffany, 8 and Tanya, 5. Their father, Ms. S.' son has a history of mental illness and violence. She has an order of protection against him. The girls' mother died of AIDS one year ago, resulting in them coming to live with their grandmother. Ms. S. has recently learned that Tanya needs surgery to correct a heart condition. She has no medical history or documentation for either of the girls…

- What are the possible resources available to Ms. S.?
- What obstacles might she encounter?
- What might her feelings be as a result of this experience?
- What might be the eventual outcomes?

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A Day in the Life…

Complete this story….

Mrs. J. is a widow receiving Social Security benefits. She is on a fixed income. Her daughter was recently convicted on a drug sale charge and sentenced to 10-15 years in prison. Her five grandchildren ranging in age from one to 14 years in age are now living with her. She does not have the financial means to support them…

- What are the possible resources available to Ms. J.?
- What obstacles might she encounter?
- What might her feelings be as a result of this experience?
- What might be the eventual outcomes?

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Definition of Needs

There are basically four categories of needs that must be met to insure a safe, stable and happy home environment. They are:

Physical Needs:

These are issues that pertain to bodily health and well-being. Good nutrition, exercise, rest and routine medical care are ways of insuring that one's physical needs are adequately met.

Intellectual/Educational Needs:

These are issues that address learning and brain development. Academic, recreational, cultural and socialization activities are ways to meet these needs in both children and adults.

Social/Emotional Needs:

These issues pertain to inter- and intra-personal needs. Opportunities to spend quality time with a variety of people in a variety of settings assist in one's healthy social and emotional development. Providing affirmation and nurturance also support positive social and emotional growth.

Spiritual Needs:

These issues are related to religious beliefs or to a set of values and principles that guide the way one lives. Involvement in houses of worship, practicing rituals such as song, prayer, and meditation are all helpful in meeting these needs.

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List of National Resources

The following partial list of national resources provides an array of services that may be useful. Many have local offices.

Interfaith Caregivers Alliance
1 West Armour Ste. 202
Kansas City, MO 64111
(816) 931-5442
info@interfaithcaregivers.org

Administration on Aging
US Department of Health and Human Services
Washington, DC
(202) 619-0724
www.aoa.gov
Provides information and resources to grandparents caring for their grandchildren

State and other caregiving programs
www.fiavolunteers.org

www.caregiver911.com

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List of Local Resources

THIS LIST OF RESOURCES TO BE PROVIDED BY HOST ORGANIZATION

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Steps to Getting Help: Formal Services

1. Write down a list of needs, so that you are very clear about what you will be asking for.

   - What are the child's needs?
   - What kind of support is needed to enable the child to remain with you?
   - How will living arrangements need to be modified?
   - How will you pay for any needed external resources?
   - How will caring for the child impact your relationship with other family members?

2. Write down all questions that you have so you won't forget them. There is no such thing as a silly question.

3. If possible, call before you visit an organization. Ask about their operating hours and the best time of day to come in. Ask if you need to make an appointment. Ask what documentation you will need to bring with you.

4. If you can, ask for the name of the person you will be meeting with on the day of your visit. If this is not possible, ask for the name of the person that you are speaking with on the telephone. If there are any problems on the date of your arrival, you will know the name of the person who originally helped you.

5. Arrive on time, bringing all necessary documentation with you.

6. During your appointment, when you are speaking with the contact person, be clear about what you want to say. Try not to ramble.

7. Share all the information, as you know it. Make a clear statement regarding the services that you need. Write down all the information that is shared with you.

8. If you feel that the person has been helpful, discuss what the next steps should be. Be certain to thank the individual for his or her time and help.

9. If you feel that the organization is the right one to help you, but you are not satisfied with the answers that you are receiving, respectfully ask to speak to a supervisor or someone else with more influence and decision-making power.

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10. If the organization does not meet your service needs, ask the contact person if they can give you the name, address and telephone number of an organization that is more appropriate.

11. Remember that it may take several attempts with the same or different organization to get what you need. Try not to get angry or frustrated. **DON'T GIVE UP!**

12. When you believe you have exhausted all avenues and attempts, consider reaching out to an agency that specializes in getting people help. Agencies that specialize in child welfare, information and referral, and ombudsman services have many successes in assisting individuals obtain help. Local politicians and elected officials are also excellent at expediting help.

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Steps to Getting Help: Informal Services

1. Write down a list of needs, so that you are very clear about what you will be asking for.

2. Write down a detailed inventory of the strengths and helpful behaviors or practices that different family members and friends have:

Time:	to baby-sit, run errands, provide you with emotional support
Energy:	to take the children on outings, help with household chores, accompany you to appointments
Skills:	tutoring, cooking, counseling, mentoring, spiritual guidance and prayer, advocating and negotiating, a sense of humor
Resources:	financial, personal connections with influential people, space for you or the children to take a "time-out"

3. Sit down with family members or friends and explain your situation and how you hope they can help you.

4. Emphasize your commitment to providing a safe, stable and happy home for the child, and that you would like them to be a part of the community of care that will enable you to do this.

5. If they agree, develop a plan specifying who will do what, when they will do it, where, etc. Even if only one individual agrees to help, it is a beginning.

6. Be certain to thank them for the support. Be respectful of their time and lives, calling on them when you need to and accepting help when they offer it. Find ways to consistently demonstrate your appreciation of their support.

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Caregiver Checklist	YES	NO
1. Am I getting out or exercising at least three times a week?	☐	☐
2. Am I getting seven to nine hours of restful sleep each night?	☐	☐
3. Do I speak with or visit up to three friends/relatives each week?	☐	☐
4. Do I make and keep annual medical and dental appointments?	☐	☐
5. If needed, do I only take prescribed medications to maintain my health?	☐	☐
6. Are my legal and financial papers, including wills, in order and available?	☐	☐
7. Have I checked a new resource regarding kinship caregiving each week?	☐	☐
8. Am I eating three balanced meals a day?	☐	☐

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Caring in Action: Getting Help: Finding and Using Resources

What I Can Do and Help I Need

CHILD/ CAREGIVER'S NAME:_____

	NEED IDENTIFIED	WHAT I CAN DO	HELP I NEED	ACTION STEPS	COMMENTS
1					
2					
3					
4					
5					

Resource:GettingHelpFinding and Using Resources, pg. 178

Post-Assessment and the Five Desired Outcomes

Protecting and nurturing

I am very comfortable nurturing the child. I know how to comfort, nurture, and help the child feel safe.

1	2	3	4	5
I have no experience nurturing or caring and have concerns about doing so		I may need support I have concerns		I have experience and feel comfortable caring for and nurturing children

Comments:

I have concerns about the parents having access to the children and my ability to limit or control the parent's access

1	2	3	4	5
Parent can be dangerous and I feel unable to ensure child's safety		I may need support with this		There are no concerns. I feel very comfortable

Comments:

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Household members are able to avoid problems with drugs and alcohol, physical violence, and criminal activity

1	2	3	4	5
Active drug use or alcoholism in home or physical violence or criminal activity		History of drug use by household members frequent alcohol use; history of family violence or criminal activity		No problems of this type in family

Comments:

Meeting developmental needs

My knowledge and experience meeting child's developmental needs

1	2	3	4	5
Little or no experience		Some experience or understanding		Good experience and understanding

Comments:

Supporting relationships between children and their families

My ability to help the child understand the family situation

1	2	3	4	5
No ability- Too angry or in denial		Some ability; can can help child deal with some issues		Can help child with all issues

Comments:

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My ability to maintain a reasonable relationship with the birth parent(s) given the circumstances within the family.

1	2	3	4	5
No understanding of birth parents; extreme anger or denial of parent's situation		Some understanding; ups and downs; good understanding of one parent but not the other		Understand and have the ability to maintain a reasonable relationship

Comments:

Connecting children to relationships intended to last a lifetime

My willingness to be a resource for the child(ren) over time

1	2	3	4	5
Will provide only emergency care		Not sure; can identify many barriers to being an ongoing resource		I have a special commitment to the child; will be an ongoing resource

Comments:

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Working with the community (*and when applicable with the child welfare team*) to ensure that the child's needs are met

Kinship family's willingness to work with community resources (and where applicable with child welfare team) to ensure that child's needs are met

1	2	3	4	5
Not willing to work with agency; don't want to take child to appointments or, when working with child welfare agency, to have worker in home		Difficulty accepting agency involvement but am committed to seeing that child's needs are met	I understand need for resources and know how to advocate for needed services; (where applicable: I am comfortable working with child welfare agency)	

Comments:

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A Celebration of Caring

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CAREBOOK

A Tradition of Caring

Promoting Safety, Permanence, and Well-Being

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Promoting Safety, Permanence, and Well-Being

Kinship caregivers need to have a tremendous amount of knowledge to be able to perform their job well. Folks that become kinship caregivers come to the task with most of this knowledge acquired through their own education and experiences. The Tradition of Caring group preparation process provides specialized information about the unique aspects of the foster care system that are often new to participants. However, group training alone cannot completely prepare people for the complex job of caring for children. The following resource addresses in depth, the kinship care team's responsibility to promote safety, well-being, and permanence for all children in care.

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Promoting Safety

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Resource: The Kinship Experience, pg. 188

Enhancing Skills and Competencies to Keep Children Safe

The safety of children is a paramount concern of the child welfare team. Safety means more than just eliminating abuse and neglect. It also means that optimum attention will be given to children's health and safety while they are in kinship homes. This is the goal of the entire team, but the primary day-to-day responsibility falls on kinship caregivers, so information about health and safety has been included in the workbook. The safety topics addressed here include:

Unique Safety Challenges for Kinship Caregivers:

Kinship caregivers often have incomplete information about a child's medical history, as well as the level of risk they may pose. Caregivers must gather information and be prepared for accidents or injuries that may occur. A First Aid checklist is included in this resource.

Maintaining a Safe Home:

Ways to accident-proof your home are provided here, including how to prevent falls and other serious injuries. Firearm safety is covered as well.

Keeping Infants and Toddlers Safe:

Crib safety, bath time precautions, the correct use of baby equipment, and the dangers of shaken baby syndrome are discussed.

Playtime and Pet Safety:

This resource covers what to look for when you select toys, how to supervise children's play, and what to teach children about animals if you own a pet.

Poison Prevention:

Common household items as well as plants can pose a toxic threat to children. Use this checklist to identify potential poison risks in your house, to be prepared for administering first aid, and to know when to check for lead poisoning or other built-in dangers that may exist in your home.

Reducing Risks from Fires and Burns:

Know how to prevent fires from occurring, and how to plan for your family's safety if a fire occurs. This resource also outlines precautions to take regarding children with fire setting behavior problems, and how to keep a child from being scalded.

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Child Passenger Safety:

Keeping children safe on the road requires knowledge of car safety seat requirements, outlined on this resource.

Outdoor Safety:

Feel confident when children play outdoors by paying attention to safety precautions regarding playground equipment, the use of helmets, bicycle safety, pool rules, and general safety advice for children old enough to be outside on their own.

Special Concerns for Adolescent Safety:

When children enter their teenage years, safety concerns encompass additional topics including preventing motor vehicle accidents, educating children about the dangers of substance use, and exercising caution in the community.

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Unique Safety Challenges for Kinship Families

Kinship caregivers face special challenges in trying to ensure the safety of children placed with them. Unlike birth parents who are aware of their children's history, kinship caregivers may have incomplete information about children in their home. Some children in kinship care may pose a risk to other children because of their impulsivity, aggressiveness, and immaturity. Children may have come from chaotic or neglectful homes and may never have been exposed to basic rules for safety that other children have learned at their age.

Accidents are more prone to happen when routines change. Kinship families are faced with changes in routines when a new child is placed, and it is easy to forget to do some of the things that can keep their homes and families safe. In addition, life in a kinship home is busier than life in most other families. Children with behavioral needs can create turmoil. Studies show that accidents are more likely to happen during busy or stressful times, such as right before the dinner hour or when families are emotionally distressed.

Being a Safety-Competent Caregiver

- Get comprehensive information about health problems, prior accidents and injuries, allergies, and medications for the children in your home. Find out if the children's behavior and medical or neurological conditions indicate a higher risk for accidents and thus, require even more supervision than other children that age.
- Post rules for older children and review safety rules for younger ones. Provide extra supervision until you are sure that the child understands and follows the rules.
- Keep a close eye on the interactions between older children with younger children. Do not assume that they have the same level of knowledge and maturity to supervise younger children as other children their age.
- Post a list of phone numbers for your physician, hospital, police, and poison control center by your phone.
- Know your own limits. Assess whether a placement will challenge your ability to provide adequate supervision to the children in your home. Know when to ask for extra help or respite care.
- Learn basic First Aid, CPR, and choking prevention. The best way to learn these skills is to take a course given by the Red Cross or another community health education provider.
- Remember that new health and safety information comes out every day. What you did as a parent some time ago may not be the best practice today. Keep current with new health and safety information available through training, magazines, newspapers, radio, television and the Internet.

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- Maintain a well-stocked First Aid kit in your home. Review the following list of essential items adapted from the Kids Health web site (www.kidshealth.org) and make sure you know how and when to use them:

First Aid Kit Items

First Aid manual
sterile gauze
adhesive tape
adhesive bandages (several sizes)
elastic bandages
antiseptic wipes
soap
antibiotic cream
antiseptic solution
hydrocortisone cream
acetaminophen
tweezers
sharp scissors
safety pins
disposable instant cold packs
calamine lotion
syrup of ipecac
thermometer
plastic gloves
flashlight and extra batteries
mouthpiece for administering CPR
list of emergency phone numbers
blanket (stored nearby)
cloth (for sling or tourniquet)
paper cups for drinking
snakebite kit (optional)
calibrated spoon or dropper
essential personal prescriptions
list of specific allergy problems in the family

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Maintaining a Safe Home

Children who come from chaotic environments or who have experienced inadequate or inconsistent supervision are more accident-prone because they have not learned the same safety lessons as other children their age. Being alert and providing constant adult supervision is one key to preventing accidents. Another is to maintain a safe environment by accident proofing your home.

In order to be licensed or approved, kinship caregivers must know the standards for housing that apply to their state or locale. However, there are many additional things to consider in order to make your home as safe as possible.

Preventing Falls

- Make sure floors are not slippery, and keep them free from clutter, wires, and cords. Secure area rugs by using nonskid backing tape.
- Keep steps, banisters, and guardrails in good repair.
- Do not rely on insect screens to prevent falls from windows. If you are caring for infants, toddlers and preschoolers, install child safety window guards on all windows above the first floor. Fixed window guards are permanently installed, cannot be removed, and should not be installed on any emergency or fire escape window.
- Open double-hung windows from the top to prevent children from falling out.
- Place bathmats or safety tapes on the floor of the shower or tub.
- Put safety rails or grab bars in the shower or tub area.

Preventing Other Serious Injuries

- Keep hair dryers, radios, and other electrical appliances out of the reach of any child or teenager who is taking a bath.
- Remove glass bottles and drinking glasses from the bathroom.
- Store tools safely away from children. Store rakes, hoes, and shovels so that the sharp edges cannot injure a child.
- Secure bookcases, TVs, and other furniture so that children cannot pull them over.
- Keep appliance cords out of the reach of children.
- Store knives and scissors out of the reach of children.
- Check to be sure playground equipment is safe, with no sharp or rusty edges or splintered wood. Check to make sure the playground equipment is endorsed by the U.S. Consumer Product Safety Commission (CPSC).website: www.cpsc.gov

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Firearm Safety

In the United States, accidents involving firearms kill 250 children under the age of 14 every year. The best way to prevent these deaths is eliminate guns from your home. If you do own a firearm, follow these rules to ensure the safety of children in your family:

- Store guns unloaded and in an un-cocked position in a securely locked case out of children's reach. Store ammunition separately, in a securely locked container out of the reach of children.
- Always use trigger locks or other childproof devices.
- Teach children that guns are not toys.
- Teach children to report to you if they find any guns or ammunition.
- If the child spends time in other homes, ask the parents if there are guns in the house and how they are stored.

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Keeping Infants and Toddlers Safe

Children face different risks at different stages of development. Everybody caring for infants and toddlers, especially those who haven't cared for young children for a while, should make sure they are experts on safety and accident prevention.

Sleep Time

Newborn babies spend much of their time sleeping, so crib safety is especially important.

- Put babies to sleep on their backs in the crib to prevent suffocation and reduce the risk of Sudden Infant Death Syndrome (SIDS). Young infants are especially vulnerable to suffocation because they cannot raise their heads. Make sure the mattress is flat and firm, and do not put any soft bedding beneath the baby. Do not use pillows or heavy comforters in the crib.
- Never let a baby sleep with you or with older children. Babies can suffocate when their breathing is blocked by another person's body, pillows, or bedding.
- Place your baby's crib or furniture away from window blinds or curtain cords to prevent strangulation. Don't hang diaper bags or purses on cribs.
- Remove bibs before putting a baby to bed. Do not tie a pacifier around your child's neck or to your child's clothing with a string or ribbon.
- Never cover a mattress with plastic or a plastic bag.
- Remove crib gyms and mobiles as soon as your child can push up on hands and knees.

Be sure your crib has:

- No missing, loose, broken or improperly installed hardware.
- No more than two and three-eighths inches between crib slats so that the baby's body cannot fit through the slats.
- A firm, snug fitting mattress and a mattress support that does not pull away from the corner posts, so the baby cannot get trapped between the mattress and the crib.
- No corner posts over the end panels, so a baby cannot catch his clothing on the post and strangle.
- No cutout areas on the headboard or foot board so baby's head cannot get trapped.
- No cracked or peeling paint.
- No splinters or rough edges.
- A certification seal showing that it meets current U.S. Consumer Product Safety Commission (CPSC) safety standards.

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- As children get taller, they will be able to get out of a crib on their own. Stop using a crib when the top rails are less than 3/4 of the child's height. Do not put toys or pillows in the crib that the baby can use to hoist himself out. When your child switches to a toddler bed, install guardrails on both sides of the bed.

Bath Time

Every year, children die in bathtubs. Drowning at this age can also occur in toilets and buckets. Children can drown in just a few inches of water in a matter of seconds. Constant supervision is the key to drowning prevention.

- Never leave a young child alone in the bathtub for even a second. Experts recommend that children be constantly supervised in the bathtub until they are six years old. Don't leave your child to be watched by an older sibling. If you need to answer the phone or door or attend to an emergency with another child, wrap the child in a towel and take him or her with you.
- Collect and organize all the bathing supplies you need before you run the bath water so that you can support the child without reaching for bath supplies. Always firmly support babies or toddlers until you are sure they can sit up safely without toppling. Do not allow children to stand or crawl in the tub.
- Do not use bathtub seats with suction cups. The seats can overturn and flip a child into the water.
- Check the water temperature to make sure the bath is not too hot or too cold. The ideal temperature of a child's bath is 98 degrees, and just five degrees higher is too hot. If you are unsure, check the water's temperature with an instant read thermometer. To prevent changes in water temperature, don't leave the water running while your child is in the tub. Supervise children so that they don't turn on the water by accident.
- Buy a cover for the waterspout, or secure a washcloth around it. The waterspout can get hot and it may have sharp edges.

Preventing Falls

- Buy a highchair with a label indicating that the chair meets the U.S. Consumer Product Safety Commission (CPSC) current safety standards. These include a wide base so the high chair can't tip, a locking tray, and a safety strap.
- Do not use baby walkers. Thousands of children have been injured when they fell down the stairs or the baby walker tipped over.
- Install safety gates at the top and bottom of all staircases. Use gates with vertical slats that are no more than two and three-eighths inches apart. Do not use old-fashioned accordion style gates where a baby's head can get caught.

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Choking Prevention

Next to sleeping, babies seem to spend most of their time putting things in their mouths. Small round objects can get caught in their throats and interfere with breathing.

- Check baby bottle nipples and pacifiers to make sure that the nipple cannot separate from the item or that pieces have not begun to separate.
- Be alert to anything in the baby's environment that could be put in the mouth and swallowed. Dispose of button-cell (hearing aid) batteries safely. Keep coins, marbles, small toy parts, pen or marker caps, and other similar objects away from the babies and toddlers.
- Keep balloons away from children under the age of 8. Balloons represent a special danger to children. If they suck on them or examine broken pieces, they can inhale the latex and choke.
- Never leave a baby alone, even for an instant, on a changing table or any furniture, even if they have never rolled before.
- Babies can slip out of strollers, infant carriers, cribs, swings, stationary walkers, and highchairs and get injured or strangle. Never leave children alone in this equipment. Buy baby equipment that meets safety standards and always use safety straps and other safety devices properly.
- Choose an infant carrier that cannot be tipped over when rocked. Never leave a child alone in an infant carrier or use it on a bed or soft surface where it could tip.
- Do not feed children younger than four any round, firm food unless it is chopped completely.
- Supervise mealtimes for infants and toddlers. Older children may give dangerous foods to a younger child.
- Make children eat at the table. They should not run, walk or play with food in their mouths. Cut food for infants and toddler and teach them to chew their food well.

The following foods can be choking hazards:

- hot dogs and sausages
- nuts and seeds (including fruit with seeds)
- chunks of meat or cheese
- hard or sticky candy
- chewing gum
- popcorn
- chunks of peanut butter
- raw carrots, raw peas, and raw celery and grapes.

The Dangers of Shaken Baby Syndrome

Babies or small children can suffer injury or death from being shaken or jerked. Children under the age of two can easily be injured and die from shaking because their neck muscles are not strong enough to control their head movements. Injuries can include learning disabilities, delays in development, speech problems, brain damage and seizures, hearing loss and blindness, paralysis, spinal injury and mental retardation.

- Make sure that everyone who cares for the child knows the dangers of shaking. Do not leave infants in the care of younger children or teenagers who may not be reliable.
- Support the baby's head and neck while holding or transporting him or her. Always play gently with babies. Never throw or toss a baby in the air, swing a baby by the ankles or jog with an infant on your back.
- Know what to do when a baby cries. Crying, particularly the constant crying of a colicky baby, is the behavior that most often triggers an episode of shaking. Know how to cope with a crying baby and share the information with anyone who cares for the child.

Playtime and Pet Safety

Choose Safe Toys

- Pay attention to age recommendations, which are based on safety aspects of the toy and the ability of the child to play with the toy. Because every child develops at a different rate, the recommendations are only approximate, so be sure to match the toy to the child's level of development.
- Make sure all toys and toy parts are larger than the child's mouth to prevent choking. Select toys that are well made and sturdy with small parts secured tightly.
- Do not give young children toys with sharp points or edges, hinged parts, or springs that could pinch fingers or get caught in hair.
- Beach and pool toys are not approved flotation devices. Never leave the child unattended at any time near a pool, beach or pond.
- Keep toys meant for older children put away so that infants and toddlers can't get to them. Stop unsafe play.
- Keep toys in good condition. Look for broken or loose parts, splinters on wooden toys, rips or exposed wires and rust. Repair or discard toys that are broken.

Children and Pets

- Never leave children under one year old alone with a family pet. Children under four years old should be supervised when playing with a cat or dog. Teach children not to approach an animal they don't know.
- Teach children how to behave with animals. They should be taught not to tease an animal, pull its ears or tail, or bother it while it is sleeping or eating. Children should be taught never to take a toy or bone away from a dog.

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Poison Prevention

Every household contains products that can poison children, such as drugs and medications, cleaning products, plants, cosmetics, hair dye, perfume, hair spray, nail and shoe polish, nail polish remover, mouthwash, pesticides, paints and solvents.

- Keep the number of the local Poison Control Center with other important numbers by your telephone.
- Keep a bottle of syrup of ipecac with your other medicines. It is available at most pharmacies. Syrup of ipecac will induce vomiting. Use it only with instructions from the poison center or your pediatrician.
- Keep any dangerous products in a locked cabinet out of sight and reach of children. Don't store dangerous substances in containers like soda bottles that might make your child confuse them with food or beverages. If you must store cleaning products under the sink, install and use safety latches.
- Never put roach powder or rat poison on the floors of your house.
- Alkaline substances in disposable batteries are poisonous. Discard used button cell (hearing aid) batteries safely and store unused ones away from children.
- Buy medicines and other dangerous products in containers with child-resistant safety caps. Close the caps on containers tightly. Check to be sure that child resistant containers are actually difficult for the children to open.
- Do not leave vitamins, aspirin, or other medication on the kitchen table, bedside tables, or within reach of children.
- Make sure that visitors watch their purses and suitcases and do not leave prescription medicines or other hazardous materials in unattended places where curious children might find them.
- Check the label and make sure you are giving the correct dosage every time you give medicine to a child. Don't tell a child that medicine is candy. Throw away left over prescription medicine.
- Many common houseplants are poisonous including such common varieties as dieffenbachia, philodendron, rubber plants and scheflera. Leaves, bulbs, flowers, and berries can all be dangerous. Know the names of plants in and around your house and find out if they are poisonous. If you're not sure that a plant is edible, assume it is harmful and do not allow children to chew on its leaves or eat any of its fruit.
- Keep liquor and other alcoholic beverages in locked containers away from children. If you do drink liquor or other alcoholic beverages, do not leave partially filled glasses where children can drink from them.

Learn about warning labels on containers:

- *corrosive* means that the product can burn the skin and throat, mouth and stomach if it is swallowed.
- *explosive* means the container can explode if heated or punctured.
- *flammable* means the product or its fumes can catch fire easily.
- *poison* means that the product can cause serious illness or death if swallowed or in some cases breathed in.

First Aid for Poisoning

If you find your child with an open container of a toxic substance or believe that they have swallowed a poisonous substance, take the following steps:

- Get the poison away from the child and have him spit out any still in his mouth. Do not make the child vomit, as this can cause further damage. Keep the material in case there is any question about what the child swallowed.
- Call 911 immediately if your child has acute symptoms such as throat pain, breathing difficulty, sleepiness or sudden behavior changes, nausea or vomiting, burns, or convulsions or unconsciousness. Otherwise, call the poison control center or your pediatrician and follow their instructions.

Lead Poisoning

Children can be harmed by exposure to lead, even at low levels. The most common sources of lead exposure are household dust, old paint, children eating chips of paint or dirt that contain lead, drinking water from pipes that are lined or soldered with lead. Other sources of lead are hobby materials (stained glass, lead fishing weights, buckshot, paints, and solder), home remedies (Azarcon, Greta, Ghasard, Bala, Goli, or Kandu), workplace dust, some ceramic dishes, painted antique furniture, and mini-blinds manufactured before 1996. High levels of lead can cause developmental delays, growth problems, and other serious medical problems.

- If you live in an older home, especially a home built before 1950, have it checked for lead.
- Do not use cribs, bassinets, highchairs, painted toys, or toy chests made before 1978 because the finish may contain lead.
- Clean and cover any chalking, flaking, or chipping paint with a new coat of paint, wallpaper, or contact paper. Be especially careful of areas where children play or eat, such as windowsills, playrooms, near cribs, and areas near playpens, beds or highchairs.
- Encourage children to wash their hands frequently.

- If you do have lead pipes, run the first morning tap water for two minutes before using it for drinking or cooking. Do not use hot tap water for mixing formula, drinking, or cooking.
- Reduce the risks of lead by making children eat a well-balanced diet, high in calcium and iron, which reduces the amount of lead absorbed by the body.
- The only way to know for sure if a child has been exposed to lead is to have a blood test. Discuss with your pediatrician whether the child should be screened for lead exposure.

Reducing Risks from Fires and Burns

Every year in the United State, fires kill 4,000 people and injure thousands of others. It is no wonder that child welfare agencies emphasize fire safety measures when they develop standards for foster and adoptive homes.

- Keep matches and lighters out of sight and reach of children.
- Do not overload electrical wall sockets or extension cords.
- Keep lamps and night-lights at a safe distance from bedspreads, drapes, or other flammable materials.
- Avoid the use of portable or electric heaters, but if they are necessary, keep them a minimum of 36 inches from anything that can burn.
- Check for frayed or split wires on any electrical equipment.
- Do not place electrical wires under rugs.
- Install smoke detectors near every bedroom, in every child's bedroom, on each level of the house, and in the basement.
- Test smoke detectors once a month and change smoke detector batteries per the manufacturer's instructions.
- Keep a fire extinguisher on each floor of your house, in the kitchen, in the basement, and in the garage or workshop area.
- Have escape ladders in each upper level bedroom.
- Have the chimney inspected and cleaned every year.
- Make sure that no one smokes in bed.

Plan Your Escape

- Identify two ways out for every room, for example the door and a window. Remove any obstacles that block the escape route.
- Teach children that if they encounter fire or smoke, they should use the second escape route. If they have to get out through a smoke filled route, teach them how to crawl low on the floor, below the smoke.
- Choose a family meeting spot outside the house where everyone can meet after escaping from a fire.
- Teach children to take it seriously whenever they hear the smoke alarm. Teach children not to hide from firefighters, but to get out quickly and call for help from another location.
- Practice your home fire escape plan twice a year.

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Reduce the Risk of Fires Set by Children

Children are naturally curious about fire. Approximately 20,000 home fires every year are the result of children playing with fire or setting fires. Children in kinship care may present a higher risk for fire setting because they may not have been well supervised in the past and because of emotional problems that increase fire-setting behavior.

- Supervise young children closely at all times.
- Keep matches and lighters in a secured drawer or cabinet, and teach children to tell you if they find matches or lighters.
- Check your child's bedroom, closet, and under the bed for burned matches, or other evidence that he or she may be playing with fire.
- Take the mystery out of fire by teaching children that it is tool, not a toy.
- If a child lights a fire, ask for assistance and advice from someone with expertise with childhood fire-setting behavior. Child fire setters who are not given proper guidance and supervision may repeat their fire-setting behavior.

Preventing Scalds

- Set your hot water heater to temperatures of 120 degrees F or less. If you are unable to control the water temperature, install an anti-scald device in the bathtub or the sink where children wash their hands.
- Turn pot handles inward when cooking on the stove. Never hold a baby while cooking.
- Don't place hot beverages where babies and toddlers can reach them or pull them down while placed on a tablecloth.
- Do not allow children to play near the stove or barbecue. Put screens in front of fireplaces and wood stoves. Radiators, baseboard heaters, and steam pipes may also need to be screened and/or insulated.

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Child Passenger Safety

It is important to secure children properly every time they ride in the car. Motor vehicle crashes are the leading cause of death for children between the ages of 1 and 19. Correctly used, child safety seats are up to 70% effective in reducing serious injury and death for children in motor vehicle crashes. Tragically, 60% of all the children ages 14 and under who die in motor vehicle crashes were unrestrained. However, safety seats and restraint systems may not protect the child in a crash unless they are used correctly.

- Car trunks are dangerous to children. Children can climb into trunks when they are left open or even manage to open them themselves and suffocate. Keep car trunks closed and locked.
- Children have died or have become seriously ill from hyperthermia (becoming too hot) when left in cars. Some of them were infants sleeping in rear facing seats whom caretakers momentarily forgot. Never leave children alone in cars, and be continually alert to babies in car seats.
- The back seat is the safest place for all children regardless of age or size. Never put a rear facing car safety seat in the front seat of a car equipped with a passenger-side air bag.
- Infants should ride in a rear-facing car safety seat in the back seat until they have reached at least one year of age AND weigh at least 20 pounds. Until babies reach one year of age, their bodies are not developed enough to survive a crash facing forward. (If your child weighs 20 pounds before reaching one year of age, inquire about rear facing car safety seats for larger children.) Make sure the harness is used correctly and fits snugly. In most cases, the harness straps should be in the lowest or middle slot for a rear facing seat. The chest clip should be placed at armpit level to keep the harness straps on the shoulders.
- Children over one year old and between 20 and 40 pounds can be in forward facing car safety seats. Again, make sure the harness is used correctly and fits snugly. The harness straps always go in the highest slot for children facing forward, and the chest clip should be at armpit level.
- Children between 40 and 80 pounds (usually 4 to 8 years old) should be in belt positioning booster seats. Children this size are too small to fit correctly in adult safety belts alone. A booster seat makes lap and shoulder belts fit correctly: low over the hips and upper thighs and snug over the shoulders. These seats must be used with both lap and shoulder belts. A high-back booster is preferred if the vehicle seat back is low.
- Usually children over 80 pounds and 8 years old can fit correctly in adult lap and shoulder belts. To fit correctly in a safety belt, children must be tall enough to sit with knees bent at the edge of the seat without slouching. Lap and shoulder belts should fit low over the hips and upper thighs and snug over the shoulder. Never put shoulder belts under children's arms or behind their backs.

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- Consult the instructions for the car seat and your vehicle owner's manual to make sure your car seat is installed correctly. Generally get a tight fit: the seat should not move more than an inch from side to side or toward the front of the vehicle. Check your vehicle owner's manual to see if you need a locking clip. Many seat belts will not secure your car seat without this locking clip.

Outdoor Safety

Children love to be active and to learn new skills through outdoor play. However, thousands of children go the emergency room every year with play-related injuries. Here are some tips on keeping children safe outdoors.

- Babies under 6 months of age should be kept out of direct sunlight. Dress your baby in clothing that covers the body and hats with brims that shade the face and ears.
- Child carriers, strollers, and safety seats can get dangerously hot if left in the sun. Check the temperature of surface areas that will be in contact with their skin before placing children in car seats or strollers.
- For babies under six months of age, sunscreen may be used on small areas of the body such as the face and the back of the hands. For older children, test the sunscreen on small area before applying it all over. Keep sunscreen out of the eyes.
- Severe sunburn in a baby is considered a medical emergency and requires immediate medical attention. For babies over age one, call your pediatrician is there is blistering, pain or a fever.

Home Playground Safety Tips

About 51,000 children every year are treated in U.S. hospital emergency rooms for injuries they receive on home playground equipment. Most injuries are the result of falls. About 15 children every year die as a result of playground equipment accidents. Most of the deaths are the result of strangulation. Take the following precautions, provided by the U.S. Consumer Product Safety Commission, to reduce risks for children in your family.

- The surfaces under and around play equipment should be soft enough to cushion falls. For most play equipment, surfaces should contain a minimum of 12 inches of wood chips, mulch, sand or pea gravel. There should be no exposed concrete footings, tree roots, tree stumps or rocks that can trip children. Protective surfacing should extend a minimum of 6 feet in all directions from the play equipment.
- Equipment should be spaced at a safe distance to allow children to run around or fall without striking another structure. Make sure that swing seats are suspended a safe distance from one another, from the swing support frame, and from the ground.
- Look at playground equipment from a child's point of view. Check all play equipment surfaces for sharp edges, moving parts that might pinch or crush a child's finger, protruding bolts, rust , chipped paint, splinters, cracks, and decayed wood. Open S-hooks and any protrusions can entangle children's clothing and cause strangulation. Close S-hooks as tightly as possible and eliminate protrusions

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or catch-points on playground equipment. Make sure swing sets are securely anchored.

- Children can get trapped and strangle when they enter openings feet first and find that the opening is too small to permit their head to go through. Opening in guardrails and spaces between ladder rungs and platforms should measure less than 3.5 inches or more than 9 inches.
- Elevated surfaces more than 30 inches off the ground should have guardrails to prevent falls.
- Playground equipment should be inspected on a regular basis and repaired immediately to prevent injuries.

Helmets

One of the most important safety precautions you can take is to make sure that children of all ages wear a helmet when participating in activities that put him at risk for head injuries. Why are helmets important? There are over 800 deaths annually from bicycle crashes, the vast majority caused by head injuries. Even a fall of two feet from a tricycle onto a concrete sidewalk can cause a brain injury. Medical research shows that helmets can prevent 88% of these injuries.

Some of the activities that require a helmet are: bike riding, in-line skating, riding scooters, skiing, horseback riding, and organized sports such as soccer, hockey, baseball, and football. However, helmets should not be worn when climbing on playground equipment or tress, because of the risk of strangulation.

- Look for a helmet with the USCPSC (U.S. Consumer Product Safety Commission) sticker. Choose a helmet that is made for the sport in which your child is participating.
- For young children, use a helmet that is designed for children ages one to five, which covers a larger proportion of the head.
- Make sure the helmet fits properly. A good fit means level on your head (not tilted back on the crown or pulled low over the forehead). Helmets should fit snugly and you should not be able to move the helmet in any direction, back to front or side to side. The child strap should be securely fastened. Ask the store where you are purchasing the helmet to help with the proper fit.
- Older children may be afraid that wearing a helmet isn't cool. Let them know that all professional racers and athletes wear them.
- Replace any helmet involved in a crash.

Kids on Bikes: How to Keep Them Safe

Tricycles and bicycles help children learn coordination and get healthy exercise. But bike riding can also be dangerous. Each year, bicycle related deaths number about 900 and hospital emergency rooms treat more children, ages 5 to 14, for injuries associated with bicycles than with any other sport. The most serious injuries children get while biking are head and brain injuries. Children can receive serious injuries in collisions with cars or riding off road. What can you do to promote bike safety? The following tips are from Safe Ride News Publications, Seattle, WA, and the U.S. Consumer Product Safety Commission.

- Avoid carrying a child under one year of age on a bike.
- Find protected places for young children to ride and always supervise them. Toddlers riding three-wheel cycles have fewer injuries than older children, yet their injuries can be just as severe. A fall onto concrete from a height of two or three feet can cause permanent brain injury.
- When children graduate to a bicycle, fit is important. Make sure the child can stand with both feet flat on the ground while straddling the bike. A bigger bike that the child will grow in to, is not easy to learn on or to ride safely. To prevent injuries, make sure children do not wear loose clothing that can get caught in the bike or open-toed shoes while riding.
- Playgrounds, bike paths, and sidewalks are the safest place for young children to ride. Teach them how to stop and look both ways for cars at driveways and street intersections.
- Make sure children know that a bicycle is a vehicle, and when riding on the street, bicyclists must follow the same rules of the road. Your child needs to learn to stay on the right side, signal before turning or stopping, and be wary of motor vehicles.
- Children under nine years of age do not have the skill and judgment to cope with traffic. Talk with your children about the dangers of cars and trucks, but don't expect them to fully understand and follow traffic laws until they are at least nine years old. You must decide when your child can safely ride on the street. Watch them or ride with them until you know they can ride their bikes correctly.
- Boys 11-15 have the highest rate of injuries on bicycles because they tend to take the most risks. Help them know the rules of road, avoid risks, and stay off their bikes at dusk or at night, the most hazardous times.

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Water Safety

Drowning is the second leading cause of injury-related deaths in children ages 14 and under. Among children ages 4 and under, there are approximately 375 residential swimming pool drowning accidents and 2,000 near-drownings each year. The majority of drownings and near-drownings occur in residential swimming pools. Older children are more likely to drown in lakes, rivers and oceans. However children can drown in wading pools, bathtubs, buckets, toilets spas and hot tubs.

Childhood drownings can happen in a matter of seconds and typically occur during a brief lapse in supervision. Many children who drown were last seen in the home, had been missing from sight for less than five minutes, and were in the care of one or both parents at the time of drowning. A child will lose consciousness two minutes after submersion in water. Irreversible brain damage occurs after four to six minutes, and most children who die are found after 10 minutes.

- Never leave a child unsupervised in or around a swimming pool, spa or open water site, even for a moment. (Keep in mind that although lifeguards are there to help with water safety, they should **never** be a substitute for your supervision.)
- Never rely on a Personal Flotation Device (PFD) or Life jacket to protect a child.
- Learn CPR and keep rescue equipment, a telephone, and emergency numbers poolside.
- Never dive in water less than nine feet deep.
- If you own a pool, install four-sided isolation fencing, at least five feet high, equipped with self-closing and self-latching gates, that completely surrounds the swimming pool or spa and prevents direct access from a house or yard.
- Always wear a U.S. Coast Guard-approved PFD or Life jacket when on a boat, near open bodies of water, or when participating in water sports. Air-filled swimming aids, such as water wings, bubbles or swimmies are not considered safety devices and are not substitutes for PFDs or Life jackets.

Safety in the Streets

- Make safety a part of your family's conversations and activities.
- Be certain children in early primary grades are accompanied to and from school. Be sure they are supervised when out-of doors.
- Differentiate between nice behavior at home and safe behavior on the streets. Children do not have to answer a stranger's questions, be polite, or do as they are told. Let children know it is OK to run away, seek help from a shopkeeper or police officer, or yell or holler if someone bothers them. Encourage children to trust their instincts. If a situation seems wrong, children should take evasive action or do something to attract help.

- Establish safe places or persons children can call for help.
- Make sure the child knows your address and phone number.
- Avoid having the child's name on clothing or items such as book bags.
- Play "What If?" games to empower the child to plan for personal safety.

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Special Concerns for Adolescent Safety

The leading cause of death in adolescents is injury. About 15,000 teenagers die of injuries every year, more than from all diseases combined. Traffic accidents account for about 60% of adolescent injury deaths, while violence (homicide and suicide) accounts for 40%.

Motor Vehicle Accidents

The leading cause of adolescent injuries is motor vehicle crashes. More than 5,000 teenagers die every year in car crashes. Teenagers are at risk due to lack of experience and risk-taking behavior. Alcohol is involved in 35% of adolescent driver fatalities.

- In general, teenagers should only be allowed to get a driver's license and have driving privileges only when they have demonstrated that they are mature and experienced enough. Many states have graduated licensing laws requiring that learning to drive is spread over three stages. Teen drivers need to meet certain restrictions for six months before moving on to the next stage. If your state doesn't have such a law, establish house rules about when you feel it is safe for your teen to drive unsupervised during the day or alone at night. Remember that you control the car keys.
- Have zero tolerance for alcohol use.
- Encourage seat belt use from an early age. Require teenage drivers and their passengers to use seat belts.
- Set a reasonable curfew. Many crashes occur at night.
- Have your teenager participate in driving awareness programs to educate teens about unsafe driving practices. Learn about programs such as SADD (Students Against Driving Drunk), which encourages caregivers and teens to sign a contract in which both parties agree not to mix drinking and driving.
- Give teenagers rides to proms and other parties. Encourage them to call home for a ride if they are concerned that their ride is not safe.

Preventing Substance Abuse

Children in kinship care may be at increased risk for substance abuse due to many factors including a history of substance abuse in their birth family, low self esteem, and emotional problems.

- Set a good example by not smoking or drinking alcohol. Research indicates that second-hand smoke is a health hazard for children. Children in households where someone smokes have a greater risk of developing asthma, bronchitis, pneumonia,

and middle ear infections. If you smoke, consult your doctor about smoking cessation programs. Until you quit, do not smoke in the house.

- Be an "ask-able" adult. Talk to the child at an early age about substance abuse. Answer any questions the child has honestly. Talk to them about the health hazards associated with substance abuse. Be clear with children and teens that you do not allow drug and alcohol use.
- Discourage the use of chewing or smokeless tobacco, which is addictive and can lead to the development of throat and mouth cancer.
- Emphasize the short-term dangers of tobacco, alcohol, and drugs. Explain that tobacco use is very unattractive. It stains teeth, damages the skin, and causes bad breath. Drugs and alcohol will damage a child's brain while it is still developing. Use of drugs and alcohol can lead to sexual experimentation or harmful sexual aggression.
- Let children know that if their parents abused substances, they run a much higher risk of becoming alcoholics. Children who come from substance abusing homes should know about the risks involved for them with any alcohol use.
- Get to know the children's friends and their friends' parents. Keep track of children's whereabouts. Have clear rules about curfews and checking in so you know where they are.
- Help children resist peer pressure. Role play situations in which they might be pressured to use drugs or alcohol, and have them practice how to say no. Sometimes humor can help.
- Teach children never to accept unknown substances from a friend.
- Have a safety plan in effect so that the child can call home if he finds that the person he was supposed to ride with has been drinking or using drugs. This may include a cell phone or calling home collect.
- If the child is using tobaccos or drugs, get professional help for him or her.
- Throw out old prescriptions for things like Ritalin, Prozac, muscle relaxants, pain medication, and tranquilizers. Keep active prescriptions in a locked cabinet.
- Be aware of any alcohol in your home. This includes alcohol used for cooking. Keep alcohol locked away.
- Know what products can be inhaled. These products include aerosols, paint remover and thinners, nail polish remover, typing correction fluid, cigarette lighter fluid, gasoline, natural gas, dry cleaning fluid, spot remover and degreasers, glues, and adhesives. Buy these products only when necessary and keep them stored away from teens.

Learn the signs of substance abuse. Some of them are:

- Changes in personality and mood (irritability, hostility, depression, lack of motivation and boredom, loss of interest in school, friends and family).

- Altered sleeping patterns.
- Changes in appetite (loss of appetite or increased appetite).
- Smell of alcohol or chemicals on the breath.
- Changes in behavior (slurred speech, uncoordinated movement, hyperactivity, lethargy).
- Changes in friends, dress styles, and interests.
- Withdrawal and isolation from adults.
- Change in appearance (weight loss, runny nose, sores around the mouth and nose, red eyes, dilated pupils).
- Defiance and secretiveness.
- Lying and stealing.
- Fascination with drug paraphernalia, drug symbols, or pop culture celebrities associated with drugs.

Safety in the Community

- Teach the teenager that their personal safety is more important than their material possessions. Encourage teens to wear low-key clothing and to leave items like a portable electronics or jewelry at home. Many teens are mugged for their clothing or possessions.
- Understand the child's need for independence. Balance your concerns for safety with empathy for the normal drive for autonomy. Talk about strategies to avoid dangerous situations. Identify places and areas that are unsafe, as well as safe havens such as a store or police station where teens can go if they feel they are in danger.
- Talk to teenagers about the danger of trusting strangers who know how to appear interesting, understanding or in need of assistance. Teach teenagers never to accept a ride from a stranger or casual acquaintance even if they are stranded. If a stranger does ask for help, talk to the teenager about calling someone like the police for them, rather than accompanying the stranger somewhere or offering them a ride.
- Teach teens to keep their cars locked when driving, to check around the car and inside it before getting in, to park in well-lit areas, and to keep the car windows rolled up far enough that someone could not reach in.
- Explain the concept of date rape, and empower teenagers to resist being pressured or forced into unwanted sexual activity. Talk with them before they become sexually active about the value of committed relationships and the consequences of sexual intercourse, including pregnancy, HIV and other sexually transmitted diseases.

- Encourage teenagers to express their fears and concerns. Self-defense and Martial Arts courses may promote confidence, self-discipline, healthy lifestyle and provide an outlet for frustration and stress, while teaching skills that may protect the child in a hostile situation.

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Promoting Permanence

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The Value of Permanence for Children

Lifelong relationships are important to all of us. Children placed in kinship care may have experienced repeated and multiple disruptions in their most important relationships. This is why permanency planning is an essential part of the process, with kinship caregivers providing continuity for children at risk. The following resources examine permanence from multiple perspectives:

The Foundations of Permanence

Three aspects of family relationships make a difference in whether children experience permanence—security, belonging, and continuity. Each one is explained and related to situations kinship caregivers may face.

Developmental Delays Caused by Lack of Permanence:

A child's psychosocial development may get stuck due to multiple moves and temporary placements. This resource lists some of the most important tasks children need to be able to complete at difference stages of their development.

Caring for Children with Attachment Problems:

Effective caring is challenged when children, due to past events in their lives, have difficulty forming new, positive relationships. Suggestions for caregivers are listed.

The Kinship Caregiver's Role as an Advocate for Permanence:

Participating as a team with other helping systems is a key role played by kinship caregivers, particularly at transition times. These guidelines help caregivers anticipate and prepare for an advocacy role.

Special Concerns for Infants:

Children who are too young to discuss transitions, need special care and comforting. They can sense and feel what is happening, but cannot interpret events, and may store them in their memories in ways that can be difficult to resolve. The kinship caregiver's role in helping infants adjust is covered here.

Perspectives on Reunification and Adoption:

Mixed emotions are to be expected from all who are directly involved in permanency decisions. This resource lists some of the usual feelings experienced by children, parents,

and caregivers. It is intended to normalize the experience for all affected, and to alert adults to what they may see in children and each other.

Supporting Children and Families in a Transition to Permanence:

Ways caregivers can prepare children for a transition, support them, and celebrate their growth are outlined here. Information based on research about adoption is included, as well as a first-person account of one family's way of explaining adoption to their child.

Understanding Open Adoption:

Increasing numbers of adoptions today are open, meaning that the birth parents remain in contact with the child and their new permanent family. The benefits and challenges of this are detailed here.

Making the Decision to Adopt:

An important permanency consideration for many children is whether their caregivers would adopt them. It is not unusual for kinship caregivers to consider this option. This resource explores some questions caregivers should ask, and specific types of information they need to decide.

The Foundations of Permanence

Security

When people have a sense of security, they believe that the relationship that exists now will continue to exist in the future.

- Legal Security: Part of the security that children and parents feel is the knowledge that they have a relationship that is protected legally. When children are born, a birth certificate is issued certifying the legal relationship that exists. Only legally authorized agencies, such as child welfare agencies or the courts, can interfere in the relationship between parents and their children. Legal status also implies obligation and responsibility. Parents are legally responsible for the support and care of their children. Children in other legal arrangements may not have this degree of legal security.
- Emotional Security: This is perhaps the most important aspect of security for children, and for most people in general. Emotional security results when another person to whom we are attached has proven to be trustworthy by being consistent and reliable over time. Children have a greater sense of emotional security when they know that their caregivers are making decisions for them rather than having decisions made by social workers or judges. Kinship care has the potential to provide more emotional security than some other legal arrangements.

Belonging

This is another important component of permanence. People feel they belong to a family or group, and that inclusion in the group is permanent. This connection and sense of belonging contributes to their identity and prevents them from feeling lonely or isolated. However, in kinship care situations, caregivers must also work to establish a sense of emotional belonging that comes from feeling a part of the family and knowing that acceptance in the family is unconditional.

Continuity

This is the third important component of permanence. It means maintaining attachments to people and culture even when they are separated by distance or time. Continuity is essential to feeling that attachments are permanent. Continuity is established emotionally when children believe their caregivers will take care of them to adulthood and beyond. Kinship caregivers also must recognize the child's need for continuity in their relationships with people from their past. Children need to know that their relationships from the past and the present can and will continue into the future.

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Developmental Delays Caused by Lack of Permanence

Temporary placements or multiple moves present risks to children's ability to develop in the following areas:

Ability to Attach

Children need to be attached to adults. Children who experience disruption of their attachments are at risk for developmental delays, emotional problems, and may be at risk for attachment disorders. If children have experienced multiple placements, they may hold back from attaching due to the anticipation of more pain involved with separation. Their ability to trust and become reattached is further compromised.

Grief Resolution

Children need security and the help of nurturing adults to resolve their grief. If children are confused about when or whether or not they will be going home, it is more difficult to resolve grief. Children may get stuck in a particular emotional state, such as denial, bargaining, anger, or depression. If grieving children experience more losses due to multiple placements, then they must start the entire process over again, and it becomes less likely that they will successfully move along the pathway of grief.

Self-Esteem

A child's self-esteem is developed through positive interactions with attachment figures. When attachments are disrupted, children are at risk for identity confusion and lowered self-esteem. The negative self-esteem that results from abuse, neglect, and removal from their family may be reinforced as they experience further rejections.

Cultural Identity

Families provide a place for a child's cultural identity to develop. Children who've had multiple placements, can be at risk of losing their culture and values. If they never settle down in one place, they may find it difficult to reestablish a sense of cultural or personal identity.

Development of Values and Conscience

Children learn values and develop a sense of right and wrong through their interactions with caregivers. Children in placement are at risk of confusion over values and what is right or wrong.

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Ability to Control Impulses and Behavior

Children learn to control their impulses by consistent interaction with adults to whom they are attached. Children who experience multiple placements are at risk for behavioral problems. Because they may not have had a consistent relationship with an adult who can help them learn to control their impulses, they have little or no control over the behavior that results from their anger and depression. This may have led to a cycle of additional placements because of the child's poor behavior.

Ability to Reach Maximum Potential

All of the things listed above compromise the child's ability to reach his or her maximum potential. When children do not have the emotional security of a permanent home and are not attached to caring adults, they may be anxious and consumed by their emotional insecurity. They may not be able to concentrate on normal developmental tasks.

Caring for Children with Attachment Problems

Many children who need permanence have a history of broken or negative attachments. These children find it difficult to establish new positive attachments. Many have developed a strong need for control in order to survive a punitive or inconsistent environment. They feel threatened if they begin to trust and develop attachments to new people. Kinship families who provide care for children with attachment problems must utilize special parenting skills, such as the following,* to meet these challenges.

- Create a framework of love, sensitivity, empathy, caring, security, and protection. Model effective communication, coping skills, problem solving, and emotion management for your children. Stay calm in the eye of the storm. In order to do this, take care of yourself to prevent burnout.
- Be willing to learn new parenting techniques. Parenting concepts and techniques that were effective with other children may fail miserably with children who have an attachment disorder.
- Provide the same key ingredients that help assure secure parent-infant attachment: a balance of structure and nurture that changes based on the developmental needs of the child. The child may initially need considerable structure to feel safe and secure. As the child demonstrates healthy skills, attitudes, and behaviors, freedom to make independent choices may increase.
- Expect the child to demonstrate the Four Rs: Responsibility, Respect, Resourcefulness, and Reciprocity. Children should be held accountable for their choices, actions, and responsibilities in the family. Children must demonstrate respectful attitudes and behavior toward caregivers and others. Children must learn to develop and use inner strengths and resources in order to solve problems and cope with life. Self-serving, controlling, and manipulative behavior must be replaced by a healthy give and take with caregivers and others.
- Find and use sufficient support from both inside and outside the family. Maintain a united front. Support from additional family members and other support systems outside the family (e.g., support groups and social services) may also be needed.
- Families must find ways to maintain hope even when progress seems slow.

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* Adapted from Levy, T. M., & Orans, M. (1998). *Attachment, Trauma and Healing: Understanding and Treating Attachment Disorder in Children and Families*, Washington, DC: CWLA Press.

The Kinship Caregiver's Role as an Advocate for Permanence

- Convey your knowledge about the child's needs to those who are in a position to make decisions about permanence. Caregivers will often notice the effects of a lack of permanence more so than others who have less day-to-day contact with the child.
- Learn about the people to whom the child has felt connected in his life.
- Think about the type of services and supports that might allow this child to be successful in your home, and communicate this information to people who are responsible for developing a permanency plan.
- Become involved whenever you can in the permanency planning meetings that are held regarding the child's future. These might be case reviews, meetings to change the permanency goals, or meetings to assess the child's needs.
- Know about your rights under the Adoption and Safe Families Act (ASFA) to speak at court hearings about the child.

Special Concerns for Infants

Children who have experienced separations at young ages are vulnerable to anxiety and depression as they grow up. In an unconscious part of their memory, they may store the sensory and emotional responses they had when they were moved from the parents and home to which they were attached, but the memories are not associated with words or a story, so the loss is more difficult to resolve. Lifebooks or discussions do not help a baby understand what is happening. To help pre-verbal children, kinship caregivers must communicate through their actions that the child is safe and that the move is something that is best for the child.

- Caregivers can purchase soft toys or stuffed animals to place in the home to engage the child in play. The caregivers are subconsciously communicating to the child that they know it will take some time for the child to begin to feel comfortable with them and that having a transitional object might help.
- Caregivers should know as much as possible about the baby's routine and feeding schedule, and try to maintain it. This will communicate that they respect the baby's sense of security and want to maintain it.
- After the child has adjusted to his new home, the caregivers should invite other people to whom the child was close, to visit. This will communicate that people who care for him do not disappear and that they support him living in his new home.

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Reunification

During the process of reunification the child may experience:

- Conflicting feelings.
- Disappointments in relationships with adults.
- Loss of familiar people and things (again).
- New family patterns and routines to adjust to (again).
- Uncertainty about their role in both families.

Birth parents may feel mixed emotions as reunification approaches including:

- Ambivalence.
- Fear.
- Difficulty accepting their role in the child's problems.
- Dependence on the worker or caregiver

Caregivers may experience a mix of emotions as reunification approaches:

- Hopeful that the parents can now succeed with their child.
- Concerned that the child will not get his or her needs met.
- Angry at the worker and the system for returning the child.
- Distrustful of the parent's commitment.
- Feeling that only they understand the child's needs.
- Sadness at losing the child.
- Unappreciated.
- Worried and anxious about what the child might be thinking or feeling.

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Adoption

During the process of a formalized adoption placement, the child may experience:

- Excitement about being adopted into the kinship family
- Disappointment and anger that their birth parents could not take care of them.
- Intense fear and anxiety about establishing a new relationship.
- Grief over the end of the hope for reunification with birth parents.
- New family patterns and routines to adjust to.
- Uncertainty about their role in both families.

Adoptive caregivers may feel mixed emotions as adoption placement approaches including:

- Excitement and happiness.
- Fear that something will happen to stop the adoption.
- Ambivalence.
- Anxiety and insecurity about their ability to care for the child.
- A need to assert their role with the child and control the process.

Birth parents may experience a mix of emotions as adoption placement approaches:

- Hopeful that the adoptive caregiver will succeed with the child.
- Guilty about not being able to care for the child.
- Ambivalent about whether their decision to let the caregiver to adopt was the right one.
- Concerned that the child will not get his or her needs met by the caregivers.
- Angry at the worker and the system for choosing the kinship caregivers as an adoptive placement
- Feeling that only they understand the child's needs.
- Sadness at losing the child.
- Unappreciated.
- Worried and anxious about what the child might be thinking or feeling.

Understanding Open Adoption

When people think about adoption, they usually think about closed or confidential adoptions that have been the norm over the last century. The first law closing adoption records was passed in 1917. By the 1930s, confidential adoptions had been legislated nationwide. In confidential or closed adoption, a new birth certificate was issued at the time of the adoption and the old birth certificate was sealed, preventing adoptees from getting information about their birth parents.

This served, in the eyes of lawmakers and adoption practitioners, to allow the child and the adoptive parents to have a clean break with the past. Parents were told that adoption was the same as parenting by birth, and that once the children had become attached to their adoptive parents they would not be troubled by questions about their origins.

However the experience of adoptees and adoptive parents was different than what they were led to believe. Adoptees, despite all the love of their adoptive parents, continued to have questions about their genetic history. When children were placed at an older age, they did not forget their birth families. Loss seemed to deepen when they were asked to relinquish their connections to people from their past. Instead of promoting attachment, the demand that children give up their connections seemed to inhibit it.

Today many adoptions are open, which means that the identities of the birth and adoptive parents are known to each other. This of course, would be true in kinship adoptions.

Open adoption has become more acceptable because:

- Older children placed for adoption have strong connections and attachments to important people from their past.
- In kinship adoptions, a relationship between the birth parents and the kinship family is already established.

Contact in open adoption may be in the form of communication, such as letters, telephone calls, pictures, gifts, videotapes, or visits between the child and the birth parent or other significant people.

Some of the potential benefits of open adoption for children are:

- Children maintain contact with significant people to whom they are attached.
- Children have information about their history and their ethnic and racial identity.
- Children experience less intense loyalty conflicts when they feel that the birth parent gives permission for the adoption.
- Children can deal with reality, not fantasy.

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Some possible challenges that open adoption may present for children are:

- It may increase loyalty conflicts if birth parents or adoptive caregivers express ambivalence.
- It may continue trauma for children who have been abused.
- Children may experience fears of abduction or separation from caregivers if birth parents cannot give their blessing.

Some potential benefits of open adoption for birth parents are:

- They are able to continue a relationship with their children, but not a parenting role.
- They have first-hand information about the well-being of their children.

Open adoption may be difficult for birth parents when:

- They have not accepted adoption.
- They resent the loss of the parenting role.

Some potential benefits for adoptive caregivers are:

- They may feel more entitled if the birth parents give their blessing for the adoption.
- The child's attachment to the adoptive caregivers may be encouraged if the child feels the birth parent has given permission for them to be attached.
- They have access to medical, genetic and developmental information.

Open adoption may be difficult for the adoptive caregivers when:

- They fear loss of privacy or control.
- They fear abduction by the birth parents.
- They fear that the child will be confused or harmed by openness.

Open adoption has been found to be most successful when:

- Adoptive caregivers have control over the visits, reflecting their role as legal parents.
- Adoptive caregivers and birth parents have been able to establish a productive relationship before the adoption.
- Adoptive caregivers feel comfortable with the degree of openness in the agreement.
- The agreement was very clear.

Agreements need to include:

- Kind of communication that will possible, such as direct, through an intermediary, letters, phone calls, or visits.
- Frequency of communication or visits.
- What kind of information will be exchanged.
- Whether visits will be supervised or unsupervised.
- How changes of address or telephone will be communicated.
- How the agreement will be modified to meet changes in needs and circumstances.
- How conflicts will be resolved.

Connections can be maintained even when there is no contact by:

- Keeping pictures of the birth family.
- Maintaining a Lifebook.
- Talking and sharing memories.
- Saying prayers.
- Practicing rituals such as the candle ceremony that acknowledge attachments.

Making the Decision to Adopt

Kinship families are an important source of permanence for children in the foster care system. Kinship caregivers usually decide to adopt because they have become very attached to a child, who is already a member of the family, or because they feel a strong sense of commitment to raise the child in their family.

There are many advantages to kinship adoptions. Most important is the fact that a relationship already exists and the adjustment phase has generally been worked through, so the placement is usually stable. The child remains in the same community and school. Caregivers already know the birth parents, and are more likely to be able to tolerate the child's attachment to people from his past.

In many ways, adopting may not seem like much of a change. However, for the child it means a change in his relationship with his birth family and with his kinship family, that is emotionally powerful. For caregivers, it means assuming full responsibility for children and making them true permanent members of the family.

The decision whether to adopt is an important one for both the child and the kinship caregivers. It is important for caregivers to make a well-informed decision that will protect the best interests of their family and also the child. Caregivers need to ask and answer the following questions for themselves:

- Is adoption the best plan for the child?
- Can I meet all the needs of the child?
- Is adoption of the child the best plan for my family?
- Will my family be able to continue to have our needs met if we adopt?

Kinship caregivers considering adoption should make sure that they have all the available information about the child. They will need it to understand the issues and problems the child might have in the future, to answer the child's questions, and to make decisions about how to maintain the child's connections from the past. They should try to obtain all available information about:

- The child's experiences and history.
- The child's birth family members.
- The child's physical and mental health history.
- The physical and mental health history of birth family.
- The child's important attachments.
- The child's cultural experiences and identity.
- The child's feelings about the past and about being adopted.

Finally, caregivers need to know about the services that are available to help them support the adoption.

Sometimes caregivers assume that services and supports they are using will continue, only to find out, following adoption, that they are no longer available. It is very important for caregivers considering adoption to think about the services and supports they have and ask questions to determine whether services will still continue after an adoption is legalized. In addition, caregivers should think ahead. What services will be needed in a year, five years, or ten years? They can then work with the social worker before legalization to develop a post-adoption service plan.

An adoption subsidy consists of financial assistance and medical insurance coverage that is available to some children following their adoptions. Caregivers need to learn all they can about the adoption subsidy program. Questions they should ask are:

- Is the child eligible?
- What is the basis of eligibility?
- How much assistance will the child will receive?
- If the child is eligible because of special needs, what will happen if the needs change?
- How often will the need for subsidy be reevaluated?
- What questions are asked at the time of reevaluation?
- What are the possible outcomes of the reevaluation process?
- At what age or under what circumstances will the subsidy be terminated?
- Is there any special help available to pay for a college education?

Many kinship caregivers unexpectedly face the need to make a decision about adopting a child in their home. It is critically important to take the time to obtain all the information you need to make an informed decision. Only by doing this will you be able to ensure that you can make a lifetime commitment and continue to meet the needs of your adopted child until adulthood.

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Promoting Well-Being

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Developing and Maintaining Children's Well-Being

Part of every caregiver's job is guiding children in developing the skills, habits, and values they will need to become competent adults, functioning well, and living productive, satisfying lives. Children who have experienced maltreatment may not have had consistent guidance, and caregivers may need to give extra thought as to how to help children learn skills, such as how to manage money; habits, such as good personal hygiene; or values, such as loving learning, and believing in non-violent solutions to problems. These resources are intended to help caregivers guide children in developing these abilities.

Learning to Take Care of One's Self

Helping children identify what they are feeling both physically and emotionally; talking about what they feel and identifying needs; knowing that help is available. Included in this section is information about building good habits of regular, preventive physical health care, as well as mental health and hygiene.

Thinking About Media

Exploring the influence of television, video, film, music, and the Internet on children. Included in this section are ways of helping children be aware of the subtle, and not-so-subtle, messages contained in media, so that as children grow up they become thoughtful consumers, not passive recipients of media messages.

Learning About Money

Helping children become wise managers of their own financial resources as they grow up, by learning about how money is acquired, how to judge the cost and value of consumer goods; how to plan and budget; and to value being able to earn their own money.

Solving Problems

Helping children learn that problems can be solved, without violence, by learning how problems arise, and how people can make commitments to solve problems and resolve conflicts.

Having Friends

Helping children make and keep friends. This resource explores the ways in which friends are important to both children and adults, and ways in which caregivers can help

children make friends, be thoughtful about what friendship means, and deal with the curiosity of other children.

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Building Communication Skills

Helping children who have experienced maltreatment learn to express themselves effectively. The segment provides guidance on ways of helping children learn how to express their needs, to have social conversations, and how to put together their own story.

Learning to Plan

Looking ahead to the day when children become adults and are responsible for keeping their own commitments; caregivers can help children understand how to keep track of appointments, how to plan for something special, and how to break down big jobs into manageable steps.

Loving to Learn

Helping children enjoy learning, direct their curiosity into productive activities, and experience pleasure and exhilaration in achievement. This resource explores ways of encouraging learning as an end in itself, as well as a fundamental element in preparation for adulthood.

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Learning to Take Care of One's Self

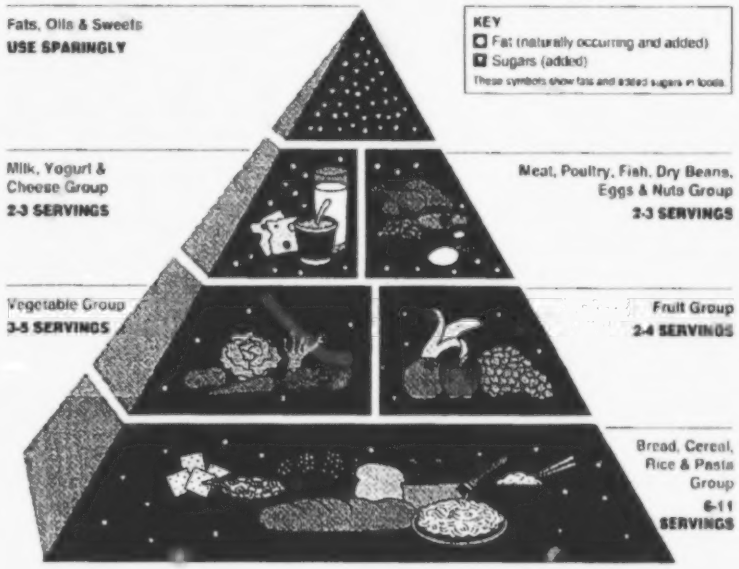
All children need to learn how to take care of themselves physically and emotionally. Children who have experienced maltreatment may need special encouragement in learning about their physical and mental health, taking good care of themselves, and understanding that they can get help when they need it.

Physical Health

Teaching children that they deserve to be cared for physically and have their physical needs met is one of the first jobs of every caregiver. When children are placed in your care, you may need to help children in several ways:

- Learning about physical feelings: Children may need help in identifying and reporting their physical feelings. You can help by reflecting to the child what you see –*I see your eyelids are droopy. That usually means you are tired* – and helping children learn the words to describe how they feel, and what to do. When others in the family are not well, you can explain about physical feelings, such as: *Grandpa has a sore throat – his throat has a burning feeling and it is hard to swallow. He needs to go see the doctor.*
- First Aid: Without exaggerating, pay attention to bumps and bruises, explaining how hurts happen and how they can be avoided. Teach children about care of injuries. Younger children will need adult help to clean a wound or apply a bandage, but older children can learn to care for minor injuries under adult supervision, and can even be taught how to apply pressure to a bleeding wound, or ice to a bump, or cold water to a burn, or to read a thermometer. When a serious injury or illness arises, explain as much as possible to children what is happening, or, if the child is too ill, explain what happened when the child has recovered.
- Building good health care habits: Caregivers can teach children about building habits that help keep them healthy. An essential habit is regular medical check-ups (and you should have regular check-ups yourself, to model the behavior). This makes going to the doctor an ordinary event.
  - Starting at age two, healthy children should have an annual exam, including vision and hearing screening. Dental care should start at about two to three years of age.
  - Children who have been maltreated may need more frequent medical care, and children who have been sexually abused should be screened for sexually transmitted diseases.
  - Adolescents who are sexually active should be counseled regarding risks related to sexual activity, and should be screened for sexually transmitted diseases. When young women turn 18, they should establish a habit of annual Pap smears and internal exams.

- Understanding medications: Caregivers should explain the difference between prescription medication (which the doctor orders) and non-prescription (which can be bought off the shelf). Show children who read where directions are printed on the label or box, and help them figure out the words and meaning, emphasizing the importance of following directions. Teach children how to be responsible in taking medication. Children who can read and/or tell time can participate in planning a schedule for taking medication, for example, by making a clock that tells the time medication should be taken.
- Nutrition: One of the best ways to teach children about good eating habits is to involve them in the whole process, from planning menus to shopping to preparing foods. Just how much children can do will depend on their age and abilities, of course, but school age children especially enjoy being given responsibility.
  - Let school-age children make shopping lists, find just the right kind of apple in the store, and help put groceries away at home.
  - Older children can learn to prepare foods, beginning with tasks as simple as washing lettuce, and moving to making sandwiches, preparing cold breakfasts, and onward to dinner and hot meals. You can teach children by asking them to plan a menu which is low-fat, includes fruits and vegetables, and tastes good!
  - Explain the food pyramid to children (fats and sweets in small quantities;, fruits, vegetables, breads and cereals in larger amounts). See Figure 1



(Figure 1)

- Fitness: Physical fitness comes from having the right amount and kind of exercise. Physical exercise helps children discharge excess energy and feel more relaxed. Organized sports can serve this purpose well, and can also provide social opportunities. Not all children perform well in organized sports. However, other fitness activities, such as walking or bike riding, are equally valuable physically while building togetherness. Children should have opportunities for physical exercise every day.

Mental Health

Children need to be able to name and describe their feelings, moods, and thoughts. They need opportunities to process loss, grief, and traumatic experiences. As you help children build an awareness of mental health, it is important to convey reassurance and acceptance in a nonjudgmental way.

- Reflect what you see to children in ways they can understand, giving them the words they need – *I hear you stomp your feet, and I see you holding your hands in fists. It looks like you are angry.* Some children may have little experience in expressing and managing their feelings in ways that are not hurtful to themselves or others, or may have feelings that are more powerful than you and they together can handle. When you see this is the case, you can explain to the child that just as there are some things that are too big for one person to lift by herself, some feelings are too big to be handled alone.
- Tell children that they can get help in dealing with scary or disturbing feelings, and they can learn to cope with these feelings, or thoughts, in ways that avoid harm to themselves and to others.
- Consult with your worker and the rest of the team to arrange appropriate psychotherapy services for the child, if his or her symptoms suggest the need for intervention.
- Become aware of symptoms that should alert you to the need for outside help, by reading books, accessing other resources from reliable organizations, and discussing your observations with professionals who know the child. Common mental health issues that affect in children include:
  - stress management: learning to calm down, soothe oneself, and participate in enjoyable activities on a regular basis.
  - anger management: becoming aware of emotions and able to modulate them; using positive self-talk, conflict resolution skills, and social skills.
  - preventing self-harm and suicide: warning signs include loss of interest in activities or friends; persistent sad or depressed mood; artwork, poetry, or talk about death and dying. If a child threatens suicide, has a plan for suicide, or has the means to kill himself or herself, get help immediately.
  - eating disorders: a pattern of bingeing on food and then throwing up; or refusing to eat and persisting in an inaccurate self-perception of being too fat and needing to lose weight.

- behavior disorders: oppositional defiant disorder (a child who will not listen or obey) and conduct disorder (more serious, intentional harm to people or property).
- developmental disorders: when the child diverges markedly from other children his or her age in terms of developmental milestones, interactions, and skills.
- ADHD: marked by persistent difficulty paying attention, and sometimes including hyperactivity.
- learning disabilities: in reading, math, or overall academic performance.
- mood disorders: including episodes of depression and mania that significantly interfere with the child's ability to function at school or at home.

Hygiene

Children may need help learning to care for their appearance and cleanliness. They may not have learned how to assess how they look, or whether they have any body odors or bad breath. Some children may not have learned to bathe or brush their teeth.

- Help children become aware of the need to clean and care for their bodies by explaining to them in private that most people feel better when they feel clean, that most people like to be with people who do not have unpleasant odors about them.
- Let children participate in building their own routines for bathing and dental care. You can allow older children choices about baths or showers. Make good hygiene attractive, and build the child's own interest in hygiene by taking her to the local shop and allow her to pick out her own shampoo, bubble bath, or toothbrush.
- Look for clean and well-dressed people that children admire and point out specifics of appearance: *See how clean and shiny her hair is*. Or *see how nice and clean his shirt is*. Children can feel more responsible for their own hygiene when they build their routines and are given some leeway in deciding about hair styles, clothing, and accessories.
    - Puberty raises additional hygiene issues. Since girls are reaching puberty at younger ages, they will need to be prepared for menstruation. Both boys and girls will need to be prepared for changes in their bodies.
        - Girls: One of the first signs of puberty in girls is the development of breast buds. This happens, on average, at about age 10, and is often followed the next year by menstruation. However, puberty can occur as early as 8 and as late as16 (although if you see no signs of puberty by the time a child is 13, bring this to the pediatrician's attention). Most girls will need to try out different sanitary pads and panty liners, or tampons, before they find one that is most comfortable and helps them feel well protected.

- Boys: Boys will also see many physical changes, and may become embarrassed especially by wet dreams and involuntary erections. They may fear that a wet dream means they have urinated, and you should explain that they have ejaculated, and that does not mean they have been having sexual dreams.

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Thinking About Media

Television, film, music, video games and the Internet are forms of media which can entertain, enrich, and educate. Through these media, as well as through written or other forms of communication, children can learn about the world, see the wonders of human imagination and invention, and be amused or deeply moved by stories, as well as by the way the stories are told.

All forms of media use various techniques to get and keep our attention. These techniques usually involve tapping some kind of emotion. This can be through pictures, actions, words or music. Sometimes these techniques are so subtle, that we do not realize we have been drawn in. This is especially true for children, who may not be aware of how their attention is being captivated, and how their responses are being manipulated.

When media present violence, sexuality, or substance abuse, either as the subject of a film or song, or as a way of getting attention, children's understanding of the world, of relationships and of acceptable behavior can be affected. American children watch an average of 28 hours of television each week. They spend seven hours a week playing video games or on the Internet.

Effects of Media on Children

Children exposed to these influences often do not know how to judge what is true and what is not. Children who have experienced maltreatment may be even less aware of the distorted ways in which violence, sexuality, and substance abuse are presented. For example, when children see an action hero getting up and walking after having been shot, children may believe that guns cause only minimal harm or do not really hurt. They may believe that because the characters they see on television drink alcohol, that drinking alcohol is necessary for having fun.

- Violence: Many caregivers and professionals who care for children, agree that media violence can increase aggressive attitudes, beliefs, values and behavior. For example, viewing violence can:
    - Lead children to believe that violence is an acceptable way to settle conflicts.
    - Cause children to be less aware of violence, and less able to judge what is or is not violent.
    - Lead children to believe that the world is an ultra-violent place, where safety comes from trusting no one, and that the only way to defend themselves is with violent means.

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These are precisely the kinds of lessons that caregivers are trying to undo for children who have been mistreated and abused, who have witnessed domestic violence, or been victims of violence themselves.

- Sexuality: The number of references to sexual activity on television often escapes our notice. In advertisements, daytime soap operas and talk shows, and evening sitcoms, sexual references are pervasive. If soap operas and talk shows were presumed to display ordinary behavior, you would have to conclude that most people have many sexual partners, often cheat on these partners, and that sexual activity is funny business for teens and adults as well. Like references to violence which minimize its effects, sexual references on television and in films, glamorize sexual activity and minimize risks of harm.

Special Concerns for Teenagers

- As children approach adolescence, they become more interested in popular music. Fourteen- to sixteen-year-olds listen to music for an average of 40 hours a week, and watch 2 hours of music videos a day. Although popular music often contains explicit references to sexual behavior, violence (especially against women), and alcohol or drug use, children often do not really know or understand the lyrics they hear. They tend to interpret songs as being about love, friendship, and struggles of adolescence, which minimize the real meaning of the words. Music videos, however, often make the lyrics explicit, and provide a visual memory that can be recalled when children listen to the song and hear the words. These videos often include graphic depictions of men degrading women, tobacco, alcohol and drug use, and violent behavior.

What Can Caregivers Do?

Although it is difficult for caregivers to monitor all the music, television and other influences that children are exposed to, they can take some important steps to help children become smart about media.

- Be aware of what children watch and listen to in the media, and let children know that you take an interest.
- Make sure your values are clear, and when media present values that conflict with yours, let children know by engaging in conversations with them.
- Be sure that televisions and computers are in an open, accessible family area, where you can monitor how children are using them.
- Be aware of the ratings of movies, television shows, video games and music. These rating are usually clearly posted so that children can also be made aware of the categories they are allowed to use.
- Limit television watching, both in the amount of time, the time of day, and the subject matter.

- Watch television with children, and talk about what is portrayed.
- Learn what music children are listening too, and when you become aware of offensive lyrics, talk to children about the values expressed, and how they differ from the values of your family.

The Internet

Many schools and homes are going online with Internet connections. The Internet can be a rich resource for education, can provide help with homework, facilitate researching areas of interest, and connecting with others who have similar interests. Children can learn to be smart about the Internet, and use it to great advantage. However, you will need to provide some guidance. Help children understand that they should:

- Never give out personal information (Name, phone number, address) to anyone on the Internet
- Never share family passwords.
- Never arrange face-to-face meetings with someone they met online.
- Never respond to messages that make them feel confused or uncomfortable (and they should tell you right away).
- Never send threats or abusive language over the Internet or through e-mail.

In addition to setting up guidelines regarding the use of the Internet in your home, you may want consider installing parental control or filtering software. These software applications can restrict access to Adult oriented web pages and limit exposure to adult materials which may be considered pornographic or harmful to children. The software can be installed on a single personal home computer. In addition, some of the larger Internet Service Providers offer filtering as an option when opening an account. The most popular Parental Control software applications are:

- CyberPatrol, by Surf Control, Inc. (www.cyberpatrol.com)
- Net Nanny, by Net Nanny Software Inc (www.netnanny.com)
- GuardiaNet, by Guardianet Inc.(www.guardianet.com)

In addition to blocking access to inappropriate websites and material, these applications can be customized to help control access to the Internet. For example, the software may allow parents to set the time of day or number of hours per day the Internet will be available to children. These programs also have the ability to report the addresses of websites children have visited and restrict the sending of personal information such as name, address, and telephone number.

Learning About Money

To live an independent adult life, children need to learn about money: how it is acquired; how to judge the value of something relative to its cost; how to budget and save; and how to determine a fair salary for work. There are many ways caregivers can help children learn about money.

Earning

Most children can begin to understand the notion of earning something by the time they enter school. Caregivers should keep these lessons simple, but fun. For example, you can identify a reward for simple chores, or for improvements in behavior or school. Using bright stickers and a chart, children can keep a record of their earnings. Note that children should not have to earn all their rewards, but this notion can help children understand the relationship between effort and benefit.

- Allowances: As children grow older, they will often need pocket money for lunch, transportation, and supplies. This provides a good opportunity for caregivers to help children figure out what they need. You and the children together can list how much is needed for each expense, and use that to set the allowance. The list can also be a reference if children run out of money before the next allowance is due. Allowances can be connected with other skills, such as hygiene, by helping children build into their budget costs of their favorite personal care items.
- Jobs at home: Allowances can be tied to specific chores children are assigned within the family. You can discuss with the children whether one job is worth a higher rate of pay than another, and consider how to determine when a job is complete. This approach can help reduce fears children might have about finding a job and working when they are grown. Another way to promote interest in work and earning is to give children the task of finding jobs they could do and making a proposal. In this way you promote their own interests and initiative.
- Outside jobs: Many teenagers are often able to take jobs outside of the home. Neighbors and friends may also provide work opportunities, such as mowing grass, running errands, or clearing snow. This provides an opportunity for caregivers to talk about how to figure out how much work is involved, how long it will take, what the going rate is, and even learning about asking for raises. To prepare children for working outside the home, caregivers can teach by using role plays, where they and the children act out pretend situations. For example, children can try out ways to approach someone who has not paid them what was agreed for the completion of a job, or where the job turns out to be bigger than expected.
- Shopping: With some planning, children can help with shopping, and you can use this to teach them about the steps involved: preparing a list, determining a budget, checking prices at the store. Children can be given the assignment of looking for

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the bargains or keeping track of the coupons, and become specialists in finding savings like BOGOF (buy one, get one free).

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Solving Problems

Children who have experienced maltreatment and neglect may not have seen adults working to solve problems; or they may have seen violence used as the sole way to solve problems. Caregivers have the opportunity to teach children that everyone has some problems sometime, most problems can be solved, and all problems can be dealt with in one way or another. In this way, children can grow up learning how to deal with setbacks and disappointments.

Where Do Problems Come From

You can help children learn how problems happen by labeling the causes: someone forgot, someone made a mistake, people have different ideas, people need different things, there is not enough for everyone. Confusion and disagreement happen even when people care a lot about each other and try hard to get along.

Family Commitment

Tell children that your family has a commitment to solving problems without violence or threats of violence (including name calling). Many families find it helpful to acknowledge that problems will arise by agreeing ahead of time how problems will be handled.

Family Meetings

Families who make a practice of setting regular times to sit and talk with each other can develop safe ways of resolving conflict as a natural matter in family life. These are times when you can talk about rules and make changes as children grow older, and as children develop better coping skills.

To be most effective, family meetings should happen when the whole family can be together. During the week, post a piece of paper (on the refrigerator door, for example) where family members can write down things they would like to discuss. Everyone can take turns being the chairperson, which even six or seven year olds can do with some help. Take turns keeping minutes of the meeting.

Establish rules of fair fighting, and ways in which family members can let off steam without hurting themselves or anyone else. Planned meetings to resolve conflicts can help, and some useful rules are:

- Anyone who is angry needs to take a time-out before trying to resolve the conflict. And those who are in conflict should take a time-out during the meeting if they feel themselves getting heated.

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- There will be no name calling, threats or gestures of threat or dismissal (like rolling the eyes or making faces).
- Each person will listen to the others without interrupting. But each person must speak only about himself or herself, including feelings, thoughts, and actions (this takes practice).
- Children who have difficulty managing their anger, or who are frightened by evidence of anger, may need particular help in planning what to do before difficulties arise, so they have a way of coping when they are distressed. Some children may need therapy to help them develop more effective coping skills, such as learning to use their words to express themselves.
- Family meetings should also be times when you can plan vacations or special outings, or give a round of applause to recognize achievement (for adults as well as for children).

Fixing Things That Are Broken

Another way children can learn about solving problems, and develop some useful skills at the same time, is by learning to fix things that are broken. If you are handy at fixing things, or you would like to learn to be, invite your child into a partnership with you. You and your child can go to the library and find some easy to read and use fix-it-yourself books. Some simple tasks include:

- Sewing on buttons.
- Tightening loose screws on cabinet hinges.
- Lubricating squeaky doors.
- Replacing burned out light bulbs
- Helping change the air condition filter

Having Friends

Learning how to make and keep friends is another skill that will serve children well through their lifetimes. Friendships provide lifetime connections, as well as ways of learning more about solving problems, negotiating, teamwork, and, occasionally, dealing with loss and rejection. There are a number of ways you can help children learn about friends.

Modeling

Demonstrate the importance of friendships by talking about your own friends, visiting with them, and telling children the stories of how you met your friends. Children often love to hear stories about the lives adults lived as children, and these stories can encourage discussion about what friendship means. You can talk about times you and your friends had disagreements, how you made up, and how you keep in touch. Frequent conversations about friends provide opportunities to discuss what friendships mean, what makes a good friend, what it means to be loyal or to be a member of the in group, or to feel like an outsider.

Opportunities

By involving children in community activities and groups, you give children opportunities to meet and have fun with other children, as well as to find common interests. Such groups might be: reading groups at libraries, sport teams, community centers with special activities for children, as well as neighbors.

Explaining Where I Come From

Children in your care may hesitate to form friendships because they feel ashamed or uncertain about how to explain why they live with you and not their birth parents. You can provide support and encouragement by helping children work out their own stories, ones they feel comfortable telling friends. Children may experience inner conflict about explaining why they are not with their own parents, and they need not feel they have to tell everyone the whole story.

Knowing Children's Friends

It is always important for you to know your children's friends, and the parents of these friends. Interaction with other families provides opportunities for social interactions that include all ages and generations.

Building Communication Skills

Children who have been maltreated may have limited experience expressing themselves. You can provide guidance, tolerance, and patience in coaching them to learn some basic communication skills.

Conversations

Encourage children to have conversations by asking them open-ended questions, or by saying **"to tell me more about that"**. Children may say things that shock or distress you, and you will need to avoid intense reactions and build ways to talk to the child alone about what is accepted in social conversations. You can encourage the child to talk to you alone about anything that is on the child's mind, whatever he or she wants to discuss.

Using Pretend Role Plays

To help children become comfortable in social situations, you and the child can create pretend situations as role plays to practice what to do:

- How the child can tell his own story to a friend.
- How to respond to an emergency, for example calling 911.
- What to do if approached by a stranger in the street.
- How to express feelings in ways that build self-confidence and do not alienate friends or family members
- How to interview for a job.
- How to return an item to a store.

Most people feel more comfortable trying something new if they have had the chance to practice, and role plays provide that practice.

Different Forms of Expression

Some children may not have learned how to use words to express themselves, and will need a lot of practice building their talking skills. In the meantime, children can use other forms of expression, such as:

- Drawing pictures, and perhaps telling a story that goes with the picture.
- Imitating the movements of an animal that best expresses a feeling.

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Telling Stories

In addition to reading, children like to hear stories about themselves and stories about other people in the family. Using children's Lifebooks, you can encourage them to tell their own stories. You can model telling stories by using dinner table conversations to tell about the day, and to help children put the events of a day into sequence.

Manners

As children interact in the wider world and prepare for adulthood, politeness will help them in many arenas. You can model saying please, thank you, and may I. Teach children to do the same, and praise children for being helpful (even if they have to be asked).

Learning to Plan

It is not unusual to feel as if it is difficult to keep track of time, commitments, appointments, and other aspects of life, great and small. Yet, learning to plan ahead and remember is an essential life skill. Children in care may need extra help in developing a sense of time or learning about different seasons or days of the week. Special events, such as birthdays, may have been overlooked, and important medical appointments forgotten. There are several tools and techniques you can use to help children learn to plan for themselves.

- **Calendars**: For most families, a large calendar (with lots of space for each date) kept in the kitchen, perhaps on the refrigerator, can serve as a reminder and helps in planning. You can show children when you write down appointments, and children who can write can record their own appointments, using different color pens, to record birthdays, achievements, and special events.
- **Count-Downs:** Starting a week or two before a birthday or special event (such as a visit with a birth parent), write on the calendar the number of days to go. Children can create a special ritual of crossing off the number each day, and announcing *five more days until my birthday.*
- **Piggy-Banks** and other saving and counting tools: You can teach planning and arithmetic skills at the same time by asking children how many dimes are in a dollar, or how soon they would have a dollar if they put a quarter in the bank once a day. If they want to buy something that costs five dollars, you can help them plan to save.
- **Meals:** When you are teaching children how to plan and cook a meal, one lesson can be about how long it takes something to cook. If a casserole takes 45 minutes to cook, and noodles take 15 minutes to cook, you and your child can plan when to start cooking each item, so they will both be ready at the same time.
- **Thinking:** An important part of planning is learning that things happen in a sequence. For example, you and your child can work out steps of a bedtime routine, starting with clean up, through brushing teeth, to story, to kiss good night. Children can make a reminder board with pictures and words, showing which order steps go in.
- **Daily Routines:** These same skills can be used for many daily routines. Young children will depend on adults to organize their day, but older children can participate in planning a daily routine, such as:
    - Mealtimes and mealtime routines: tasks such as setting and clearing the table, preparing parts of the meal, cleaning up.
    - Getting ready for school: specifying when to prepare school clothes, lunches (e.g. the night before or in the morning), time to wake up, wash and get dressed, have breakfast and go.

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- Play and family time: this is often just as important to plan as homework or chores.

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Loving to Learn

A love of learning can serve children and adults well throughout their lives. Formal schooling, even when challenging, can be rewarding when achievements in learning are celebrated – such as improvement in a grade (as opposed to celebrating only excellent grades), or completion of a science or history project (celebrated apart from the grade it may earn). Great achievements in learning can occur apart from formal schooling. For example, learning to watch for changes in cloud cover, temperature, or wind provides an understanding of weather and the environment. Hobbies can grow from simple pastimes to areas of expertise and may even earn financial rewards.

Pleasure in learning arises from the exercise of curiosity – wondering about something and then seeking more information. This process leads to understanding, which also results from using the intellectual skills of questioning, observation, comparison, and synthesis (bringing ideas together).

Children who have experienced neglect and maltreatment may have been discouraged from expressing curiosity or asking questions. Curiosity may have been labeled snoopy, and asking questions may have resulted in punishment. As a result children learn not to be curious, and their interest in learning is blunted. Caregivers can promote interest and enjoyment in learning in several ways:

Reading

Any time is a good time to begin reading. Even infants enjoy having stories read to them. Starting early establishes interest in books, and the habit of family reading times. When reading a pre-school level book, such as a Dr. Seuss classic, you will come across countless silly rhymes and poems. When this happens, you can turn some of the reading over to the child.

As children grow older, caregivers can pause while they read and ask children what they think about what is happening, thus using stories as another way of having conversations.

Many community libraries schedule reading times for toddlers and pre-schoolers. Attending these promotes an interest in books, and also provides opportunities for social interactions with other children who are also interested in reading. Libraries often hold readings for adults as well, with local or nationally known authors reading from their own works. Your interest in these events will reinforce children's interests.

School and Homework

Your involvement in school is critically important for your child, as well as for your community. Children whose caregiver participates in school-parent activities are less likely to get into trouble in school (either academically or socially). You will also be able

to anticipate problems better, and to advocate for your children if they need special services.

- You can avoid conflict over when and how homework gets done by working out with your child the two important elements in homework planning: time and place.
  - Time: Children usually need some activity time after school to relax or let off steam; so homework time might be better scheduled for a period before or just after dinner. Some children can complete homework in one sitting, but for other children long periods of concentration are difficult. For these children two short sessions might work better, perhaps each focusing on different tasks.
  - Place: Like adults, children usually need a quiet area, free of visual or noise distractions, in order to concentrate on homework. Televisions should be turned off, and if music is played, it should be quiet and soothing. Children should have a firm surface for writing on, as well as space for books. Pencils, pens, paper, scissors, and glue all should be kept in one place. It may help to think of a homework supplies box, which can be packed up and stored when not in use. This is another task that children can help plan, since their homework supply needs will change as they grow older.
  - Young children, or children who have difficulty staying focused on the task, may benefit from doing homework in the family dining area, where you can be aware of them, and available to help.
  - Your interest in your children's homework will support their learning and will alert you to areas they may find difficult. There are a number of ways to help, such as periodically during the homework time, or when homework is completed to check it over with the child. Avoid doing homework for the child.

Observation

During family walks or outings, you can stop often to look at plants, trees, birds or animals. Even if you are not an expert naturalist, you and the child can wonder together about what the plants are called, or what the birds are doing. During drives or walks to school or to complete errands, you can point out both ordinary and unusual sights, and ask: *What do you think that is?* or *Where do you think that woman is going?* These questions encourage imagination and curiosity, and as promoting interest in the environment. Variations of games like I Spy can build observation skills, and get children to look about them and really see their world.

Hobbies

Not all children (and not all adults) like or excel at traditional school work. So it is important to find activities that children enjoy and can feel confident about. These

hobbies may be traditional or non traditional. Social clubs like the Boy Scouts and Girls Scouts often expose children to interests that can turn into lifelong pursuits.

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CAREBOOK

A Tradition of Caring

Annotated Bibliography

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Child Welfare League of America
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CWLA provides comprehensive services, training programs, standards of care, publications for parents and professionals, as well as the center of a national network of organizations for and of foster parents and adoptive parents, public and private agencies, and those concerned for the well being of children.

National Resource Center for Youth
National Resource Center for Youth Services
University of Oklahoma
Schusterman Center
4502 E. 41st Street, Building 4 West
Tulsa, OK 74135-2512
Ph: 918-660-3700
www.nrcys.ou.edu

Although this organization focuses on teens, especially teens and young adults moving toward independent living, it makes available a great range of information covering many areas. The website contains articles and information on such issues as prevention, independent living. The website also contains an extensive set of links on many, many topics of interest.

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1090
800-434-4000
Web: www.aap.org

The AAP website contains a wealth of information about family health and family life, and includes listings of other resources such a books and other organizations. The website also has a comprehensive, annotated listing of Internet resources for families.

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Generations United
122 C Street, NW, Suite 820
Washington, D.C. 20001
(202) 638-1263
www.gu.org

Generations United is a national organization that focuses on promoting intergenerational strategies, programs, and policies. Generations United provides a resource to educate policymakers and the public regarding the economic, social, and personal imperatives of the intergenerational cooperation. Generations United is comprised of more than 100 national, state, and local organizations.

AARP/ Grandparent Information Center
601 E Street, NW
Washington, D.C. 20049
www.aarp.org/confacts/programs/gic.html

The AARP's Grandparent Information Center is an online resource specializing in providing information, resources and forums for grandparents who are concerned about visitation rights, who are raising their grandchildren, and those who want to have a positive role in their grandchildren's lives. The Information Center also provides information regarding health and wellness, grandparent support services, and general safety.

The Foundation For Grandparenting
108 Franham Road
Ojai, CA 93023
www.grandparenting.org

The Foundation for Grandparenting is a non-profit organization dedicated to raising grandparent consciousness and grandparent identity. The Foundation supports education, research, programs, communication and networking to promote the benefit of grandparenting, and advocates for the involvement of grandparents as agents of positive change for families and society.

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Resource: Annotated Bibliography, pg. 262

Burke, R. V., R. W. Herron, et al. (1996). Common sense parenting : A proven, step-by-step guide for raising responsible kids and building happy families. Boys Town, NE: Boys Town Press.
An award-winning book with many examples and step-by-step techniques for setting expectations and consequences, staying calm and teaching self control, helping children make decisions and solve problems, among other essential skills. Also included are strategies for dealing with the media, peer pressure and school problems.

Carson, L. (1996). The essential grandparent: A guide to making a difference. Deefield Beach, FL: Health Communications.
In this book, Lillian Carson honors grandparenthood, dispelling grandparenting myths and helping readers develop their own grandparenting strategy in order to make the most of this rewarding stage in life.

Child Welfare League of America North American Kinship Care Policy and Practice Committee. (1994). Kinship care: A natural bridge: A report. Washington, DC: CWLA Press.

Cox, C. B. (2000). Empowering grandparents raising grandchildren : A training manual for group leaders. New York: Springer Publishing.
This manual is a 14-session workshop designed to help grandparents who are raising their grandchildren alone. Group leaders can revise and expand upon themes in the manual to fit the needs of their particular work groups. Topics include useful tips for grandparents on how to communicate effectively with grandchildren on issues ranging from drugs to sex and sexually transmitted diseases; helping grandchildren to learn how to deal with loss and abandonment; helping them develop and maintain self-esteem; dealing with special behavioral problems; and appropriate ways of instilling and maintaining rules in the home. Designed to complement *To Grandmother's House We Go and Stay*, this manual is easy to understand. It can be read by anyone who has assumed a parenting role and hopes to raise a happy and healthy child.

Crumbley, J. and R. L. Little (1997). Relatives raising children: An overview of kinship care. Washington, DC: CWLA Press.
This book provides the reader with excellent descriptions of the many issues found in the growing numbers of grandparents raising their grandchildren.

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De Toledo, S. and D. E. Brown (1995). Grandparents as parents : A survival guide for raising a second family. New York: Guilford Press.
Grandparents as Parents covers every aspect of the complex issue of grandparenting today. This is a good, solid guidebook for any grandparent who is helping to support, raising, or contemplating raising a grandchild. Written in a professional yet caring style, the book presents a detailed summary of the issues affecting grandparents who raise their grandchildren, as well as a realistic look at the systems in place to help them.

Deems, B., N. Trottier, et al. (1999). How to talk so kids will listen & listen so kids will talk. New York: Avon Books.
A best-selling book which helps parents be more effective, and supportive of themselves. Through stories and cartoons, parents can learn how to cope with children's negative feelings, express their own anger, encourage cooperation, resolve conflicts and learn alternatives to punishment.

Doucette-Dudman, D. and J. R. Lacure (1997). Raising our children's children. Minneapolis, MN: Fairview Press.
In this guidebook for grandparents parenting grandchildren,the author helps guide readers through the various issues faced in raising their grandchildren. Issues such as stress management, negotiating legal hurdles, locating support, telling children their life stories, and managing conflict are covered here.

Fahlberg, V. (1991). A child's journey through placement. Indianapolis, IN: Perspectives Press.
An award winning book which examines the effects of a child's journey through foster care to adoption, with insightful examination of attachment, bonding, loss, and developmental effects of multiple moves. A book for both parents and professionals

Ferber, R. (1985). Solve your child's sleep problems. New York: Simon and Schuster.
A classic, practical, easy to understand guide to common sleep problems of children from infancy to age six. Contains a bibliography and list of helpful organizations.

Hegar, R. L. and M. Scannapieco (1999). Kinship foster care : A policy, practice, and research. New York: Oxford University Press.

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Houtman, S. and B. Rowland (1999). To grandma's house, we...stay: When you have to stop spoiling your grandchildren and start raising them. Northridge, CA: Studio Four Productions.
More and more children are being raised in homes headed by their grandparents for a variety of reasons. This book can help grandparents through these uncharted territories, offering practical solutions to the real-life problems they encounter.

Humphrey, J. H. (1998). Helping children manage stress : A guide for adults. Washington, DC: Child & Family Press.
This award winning book clearly and carefully explains what adults can do to prevent and minimize harmful effects of stress in children. The first section reviews general causes of stress, and the second provides stress reduction techniques, and games that adults can use effectively with children.

Jarratt, C. J. (1994). Helping children cope with separation and loss. Boston: Harvard Common Press.
A classic work providing valuable tools for those helping children cope with loss, moving through mourning to recovery.

Kurcinka, M. S. (1991). Raising your spirited child : A guide for parents whose child is more intense, sensitive, perceptive, persistent, energetic. New York: HarperCollins.
Resisting pressure to label some children as "difficult," the author helps parents understand their child's temperament, and reframes challenging qualities in a positive way, giving readers specific tools to work with these qualities.

Larson, D. E. and Mayo Clinic. (1996). Mayo clinic family health book. New York: W. Morrow.
A classic guide to prevention, first aid and emergency care, disease and disorders, and good home health practices. Updated in 1996.

Madaras, L. and A. Madaras (2000). The "what's happening to my body?" book for girls : The new growing-up guide for parents and daughters. New York: Newmarket Press.
Sensitive, detailed and witty guides for girls, helping them realize they are not alone in dealing with changes of growing.

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Madaras, L., D. Saavedra, et al. (2000). The "what's happening to my body?" book for boys : The new growing-up guide for parents and sons. New York: Newmarket Press.
Discusses the changes that take place in a boy's body during puberty, including information on the body's changing size and shape, the growth spurt, reproductive organs, pubic hair, beards, pimples, voice changes, wet dreams, and puberty in girls.

Paul, H. A. (1995). When kids are mad, not bad : A guide to recognizing and handling children's anger. New York: Berkley Books.
A sensible guide for parents in understanding the many forms that children use to express anger, including depression, sarcasm, tantrums and misbehavior, as well as teaching children effective ways to handle their anger.

Reimers, C. L. and B. A. Brunger (1999). ADHD in the young child driven to re-direction : A guide for parents and teachers of young children with ADHD : A book for parents and teachers. Plantation, Fla., Specialty Press.
This book contains information and practical advice in helping preschool age children with ADHD. Topics include improving social skills, communication and techniques to enhance behavior, using activity sheets, charts and a list of support services.

Riley, D. (2000). The depressed child : A parent's guide for rescuing kids. Dallas, Tex., Taylor Trade Pub.
An insightful guide for parents covering signs and symptoms of depression, and strategies for effective interventions.

Schmitt, B. D. (1991). Your child's health : The parents' guide to symptoms, emergencies, common illnesses, behavior, and school problems. New York: Bantam Books.
An easy to use, practical encyclopedia of childhood emergencies, common illness and problems from birth through adolescence, including guidance on when to call to doctor, and what can be done at home.

Schwebel, R. (1997). Saying no is not enough : What to say and how to listen to your kids about alcohol, tobacco and other drugs--A positive prevention guide for parents. New York: Newmarket Press.
The winner of a Parents' Choice Award, this acclaimed prevention and intervention guide for parents of children aged 3 through 19 presents a complete, step-by-step program, time-tested over the last 25 years. The author shows parents how to be both supportive and firm in teaching their children about the harm of substance abuse.

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Schwebel, R. (1999). How to help kids choose to be tobacco-free : A guide for parents of children ages 3 through 19. New York: Newmarket Press.
Up to date information on the dangers of tobacco, with practical advice and support for parents in challenging pervasive influences encouraging children to use tobacco.

Truly, T. (1999). Grandparents' rights. Naperville, IL: Sphinx Publishing.
A best selling book that can help grandparents caring for children learn of their legal rights and how to work within the court systems.

Weingartner, P. L. (1999). ADHD handbook for families : A guide to communicating with professionals. Washington, DC: Child & Family Press.
Covering a broad range of issues from developing behavior modification plans, thinking about medication, and working with professionals and systems, this book provides proven strategies and techniques for parents.

Wilmes, D. J. and C. A. Reilly (1995). Parenting for prevention : How to raise a child to say no to alcohol and other drugs : For parents, teachers, and other concerned adults. Minneapolis, MN: Johnson Institute.
This book gives parents a positive approach for helping children avoid trouble arising from alcohol or drug use. Parents learn to teach children life skills, such as expressing feelings, making decisions, communicating effectively, and resisting peer pressure.

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(1995). Grandparents raising grandchildren [Videotape]. Terra Nova Films. (30 min.)
This video documentary interviews four grandmothers who are raising their grandchildren. This program examines the various needs and challenges these grandparents face. The documentary also highlights services and programs available to grandparents.

(1997). Divided loyalties: Grandparents raising grandchildren [Videotape]. Aquarius Productions, Inc. (28 min.)
This video documentary examines the challenges grandparents raising their grandchildren face. In addition, the documentary details some efforts of communities to support these grandparents in their endeavors.

(2000). Grandparents raising grandchildren [Videotape]. Fanlight Films. (23 min.)
This video profiles three grandmothers who are taking responsibility to raise their grandchildren. Video follows the families through normal day to day activities. Program also highlights several inter-generational programs and communities across the nation.

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HOTLINES: Unless otherwise noted, hotlines are 24-hoursday, 7 days per week

General:

Boys Town National Hotline
800-448-3000
A toll free 24 hour crisis line for children and parents with any problem.

Runaway Hotlines:

National Runaway Hotline
800-231-6949
Fax: 312-929-5150
Hearing Impaired: 811-621-0394
For youth who have runaway, or are thinking of running away (and for their parents).

National Runaway Switchboard
800-621-4000
www.nrscrisisline.org
For youth, parents and others concerned about children who have runaway or are thinking of running away

Child Find
800-I-AM-LOST (9am-5pm, EST, Mon-Fri)
Helps parents locate children, and helps lost children who need assistance.

Child Abuse

Childhelp USA/Forrester National Child Abuse Hotline
800 4A-CHILD
Services for children and adults concerned about child abuse

Missing Children

National Center for Missing and Exploited Children
800-THE-LOST
Assistance to parents and low enforcement officials seeking help in a missing/exploited child case.

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Alcohol and Drug Abuse

Alcoholics Anonymous General Service Office Information Referral Line
212-870-3400 Hours (9 AM – 5 PM Monday – Friday US EST)

Cocaine Anonymous, Information Referral Line
310-559-5833 Hours (9 AM - 5 PM Monday-Friday US PST)

National Clearing House for Alcohol and Drug Information
800-729-6686

Domestic Violence

National Domestic Violence Hotline
800-799-7233

Resource Center of Domestic Violence, Child Protection and Custody
800-527-3223

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A *Tradition of Caring* is a nine-module program designed to provide information and support to kinship caregivers. This curriculum can be used by public child welfare agencies to meet training requirements for kinship caregivers who are licensed as foster care providers, and also by agencies that serve kinship caregivers who do not have a formal relationship with a child welfare agency. A *Tradition of Caring* uses a unique facilation model that builds on existing strengths of participants and encourages them to apply information discussed during the sessions to their daily lives..

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